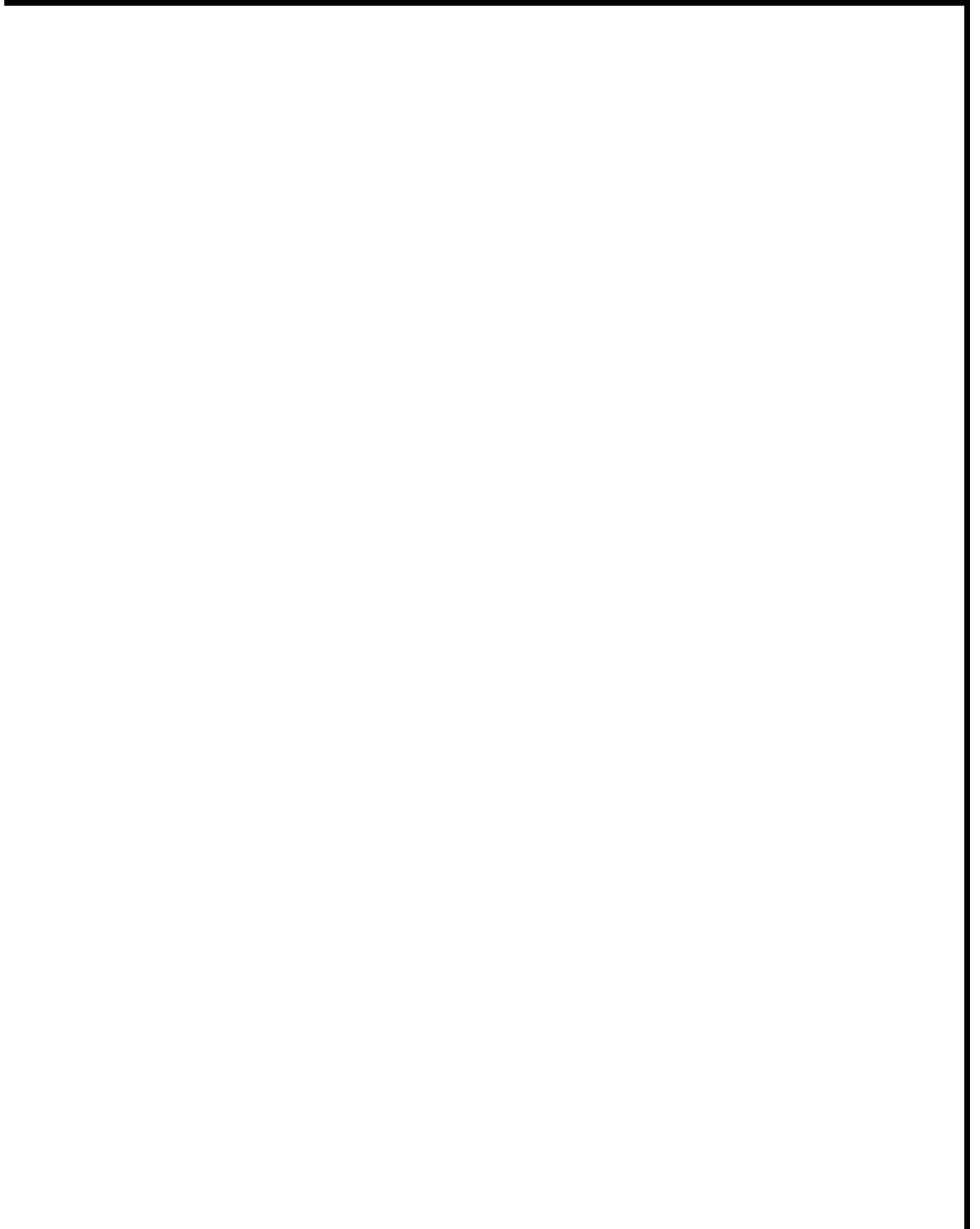


Appendix A



Dear Grand County Riders:

Please take a few minutes to complete this short survey during your bus ride today. This information will help Grand County create a Transit Development Plan for improved service. Your cooperation is appreciated.

Sincerely, the Transit Advisory Committee

1. Are you a visitor or resident of Grand County? Visitor Resident

If you are a visitor, how long are you visiting Grand County? _____

2. Where did you come from before you got on this bus: (*check only one*)

Home/lodging School Recreation site
 Work Medical Senior Center
 Shopping/Errands Visiting Other (*specify*) _____

3. What is the name and physical address of the place you came from?

name *number* *street or road* *town* *ZIP code*

4. How did you get to this bus? (*Check one only*)

walked bus had someone drive me
 drove myself bicycle other (*specify*) _____

5. Where are you going to now? (*Check one only*)

Home/lodging School Recreation site
 Work Medical Senior Center
 Shopping/Errands Visiting Other (*specify*) _____

6. What is the name and physical address of your destination?

name *number* *street or road* *town* *ZIP code*

7. How will you get from this bus to your destination? (*Check all that apply*)

walk bus have someone drive me
 drive myself bicycle other (*specify*) _____

8. How often do you usually ride the bus? (*Check only one*)

One Day/week Four Days/week Every day I'm here
 Two Days/week Five Days/week 1-3 Days/Month
 Three Days/week Six Days/week This is my first time.

9. Do you have a Driver's License? YES NO

10. Was a vehicle available for you to use on this trip? YES NO

11. What is the MOST IMPORTANT reason you ride the bus? (check one)
- | | | |
|---|--|---|
| <input type="checkbox"/> No car | <input type="checkbox"/> Someone else uses car | <input type="checkbox"/> Traffic is bad |
| <input type="checkbox"/> Parking is a problem | <input type="checkbox"/> I don't drive | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Bus is economical | <input type="checkbox"/> Bus is convenient | _____ |

12. How do you rate your present bus service? (please check each part)
- | | Poor | Fair | Good | Very Good | Don't Know |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Service Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Condition of Buses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Schedule Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Driver Courtesy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Driver Competence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bus Routings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bus Stop Safety/Condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. Your gender: Female Male 14. Your age: _____

15. The bus you are riding is provided free of charge. Would you still ride if there was a fee?
- Yes No

16. If yes, what is a reasonable fare per person for a one-way transit trip?
- less than \$1 \$1 \$2-\$3 \$4-\$5 other _____

17. Our annual household income is:
- | | |
|--|---|
| a. <input type="checkbox"/> less than \$15,000/year. | c. <input type="checkbox"/> \$25,000-\$40,000/year |
| b. <input type="checkbox"/> \$15,000-\$25,000/year | d. <input type="checkbox"/> \$40,000-\$50,000/year |
| | e. <input type="checkbox"/> more than \$50,000/year |

18. What additional places in Grand County would you visit if public transit were available that you don't visit now? (check all that apply)
- | | | |
|---|--|---|
| <input type="checkbox"/> Fraser/Winter Park | <input type="checkbox"/> Granby | <input type="checkbox"/> Grand Lake |
| <input type="checkbox"/> Hot Sulphur Springs/Resort | <input type="checkbox"/> Kremmling | <input type="checkbox"/> Silver Creek Ski Area |
| <input type="checkbox"/> Rural Grand County | <input type="checkbox"/> Devil's Thumb Ranch | <input type="checkbox"/> Arapaho Nat'l Forest |
| <input type="checkbox"/> YMCA/Snow Mtn. Ranch | <input type="checkbox"/> Rocky Mtn. Nat'l Park | <input type="checkbox"/> Berthoud Ski Area |
| <input type="checkbox"/> Young Life/Crooked Cr. Ranch | <input type="checkbox"/> Pole Creek Golf | <input type="checkbox"/> Grand Lake Golf/Ski Touring Center |
| <input type="checkbox"/> Winter Park Ski Area | <input type="checkbox"/> The reservoirs/lakes | |
- Other _____

19. As an individual, please check the one method of funding public transportation in this community that you would most support (in addition to federal grants and continued financial support by local ski areas).
- | | |
|---|--|
| a. <input type="checkbox"/> property taxes | e. <input type="checkbox"/> fares |
| b. <input type="checkbox"/> lift-ticket add-on | f. <input type="checkbox"/> employer head tax |
| c. <input type="checkbox"/> sales taxes | g. <input type="checkbox"/> don't know |
| d. <input type="checkbox"/> other taxes such as a Transit Authority or Transit District | h. <input type="checkbox"/> other (please specify) |
- _____

THANK YOU!!

Dear Grand County Riders:

Please take a few minutes to complete this short survey during your bus ride today. This information will help Grand County create a Transit Development Plan for improved service. Your cooperation is appreciated.

Sincerely, the Transit Advisory Committee

1. Are you a visitor or resident of Grand County? Visitor Resident

If you are a visitor, how long are you visiting Grand County? _____

2. Where did you come from before you got on this bus: (*check only one*)

Home/lodging School Recreation site
 Work Medical Senior Center
 Shopping/Errands Visiting Other (*specify*) _____

3. What is the name and physical address of the place you came from?

name *number* *street or road* *town* *ZIP code*

4. How did you get to this bus? (*Check one only*)

walked bus had someone drive me
 drove myself bicycle other (*specify*) _____

5. Where are you going to now? (*Check one only*)

Home/lodging School Recreation site
 Work Medical Senior Center
 Shopping/Errands Visiting Other (*specify*) _____

6. What is the name and physical address of your destination?

name *number* *street or road* *town* *ZIP code*

7. How will you get from this bus to your destination? (*Check all that apply*)

walk bus have someone drive me
 drive myself bicycle other (*specify*) _____

8. How often do you usually ride the bus? (*Check only one*)

One Day/week Four Days/week Every day I'm here
 Two Days/week Five Days/week 1-3 Days/Month
 Three Days/week Six Days/week This is my first time.

9. Do you have a Driver's License? YES NO

10. Was a vehicle available for you to use on this trip? YES NO

11. What is the MOST IMPORTANT reason you ride the bus? (check one)
- | | | |
|---|--|---|
| <input type="checkbox"/> No car | <input type="checkbox"/> Someone else uses car | <input type="checkbox"/> Traffic is bad |
| <input type="checkbox"/> Parking is a problem | <input type="checkbox"/> I don't drive | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Bus is economical | <input type="checkbox"/> Bus is convenient | _____ |

12. How do you rate your present bus service? (please check each part)
- | | Poor | Fair | Good | Very Good | Don't Know |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Service Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Condition of Buses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Schedule Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Driver Courtesy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Driver Competence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bus Routings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bus Stop Safety/Condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. Your gender: Female Male 14. Your age: _____

15. The bus you are riding is provided free of charge, but a donation is requested. Would you still ride if there was a mandatory fee?
 Yes No

16. If yes, what is a reasonable fare per person for a one-way transit trip?
 less than \$1 \$1 \$2-\$3 \$4-\$5 other _____

17. Our annual household income is:
- | | |
|--|---|
| a. <input type="checkbox"/> less than \$15,000/year. | c. <input type="checkbox"/> \$25,000-\$40,000/year |
| b. <input type="checkbox"/> \$15,000-\$25,000/year | d. <input type="checkbox"/> \$40,000-\$50,000/year |
| | e. <input type="checkbox"/> more than \$50,000/year |

18. What additional places in Grand County would you visit if public transit were available that you don't visit now? (check all that apply)
- | | | |
|---|--|---|
| <input type="checkbox"/> Fraser/Winter Park | <input type="checkbox"/> Granby | <input type="checkbox"/> Grand Lake |
| <input type="checkbox"/> Hot Sulphur Springs/Resort | <input type="checkbox"/> Kremmling | <input type="checkbox"/> Silver Creek Ski Area |
| <input type="checkbox"/> Rural Grand County | <input type="checkbox"/> Devil's Thumb Ranch | <input type="checkbox"/> Arapaho Nat'l Forest |
| <input type="checkbox"/> YMCA/Snow Mtn. Ranch | <input type="checkbox"/> Rocky Mtn. Nat'l Park | <input type="checkbox"/> Berthoud Ski Area |
| <input type="checkbox"/> Young Life/Crooked Cr. Ranch | <input type="checkbox"/> Pole Creek Golf | <input type="checkbox"/> Grand Lake Golf/Ski Touring Center |
| <input type="checkbox"/> Winter Park Ski Area | <input type="checkbox"/> The reservoirs/lakes | |
- Other _____

19. As an individual, please check the one method of funding public transportation in this community that you would most support (in addition to federal grants and continued financial support by local ski areas).
- | | |
|---|--|
| a. <input type="checkbox"/> property taxes | e. <input type="checkbox"/> fares |
| b. <input type="checkbox"/> lift-ticket add-on | f. <input type="checkbox"/> employer head tax |
| c. <input type="checkbox"/> sales taxes | g. <input type="checkbox"/> don't know |
| d. <input type="checkbox"/> other taxes such as a Transit Authority or Transit District | h. <input type="checkbox"/> other (please specify) |
- _____

THANK YOU!!

Employer Survey

for

Grand County and Jackson County

Please take a few minutes to complete this short survey. This information will help Grand and Jackson Counties create a Transit Development Plan for improved transit service. Your cooperation is appreciated.

Sincerely, the Transit Advisory Committee

Company Name: _____ Your Name: _____

Physical address of business: _____ ZIP code: _____

Your Title: _____ Your Phone #: _____

1. What type of business is conducted at this location?

2. Approximately how many full-time and part-time employees are employed by your company on a regular day at this location?

	Dec-Mar	Apr-May	June-Sep	Oct-Nov	Total
# of full-time	_____	_____	_____	_____	_____
# of part-time	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

3. Please identify your business' *busiest* months and indicate the days and hours of operation at this location during those months.

_____ (e.g. Mon--Sat., 9a - 8p, Nov-March)

4. Please identify your business' *slowest* months and indicate the days and hours of operation at this location during those months.

_____ (e.g. Fri-Sun, 11a-6p, May-August)

5. Where do your employees generally live? Roughly what portion live in each area? (e.g. 3 from Fraser, 10 from Granby, 7 from Grand Lake)

11. As a business, please check the one method of funding public transportation that you would most support (in addition to federal grants and continued financial support by local ski areas). (check one)

- a. G property taxes
- b. G other taxes such as a Transit Authority or Transit District
- c. G fares
- d. G sales taxes
- e. G employer head tax
- f. G lift-ticket add-on
- g. G don't know
- h. G other (please specify)_____

THANK YOU for your participation. If you have additional transit questions or concerns, please contact either the Board of County Commissioners or the Transit Advisory Committee Chair, Sue Ann Fitch, 627-9210. Please feel free to submit any additional comments.

Employee Survey

for
Grand County and Jackson County

Please take a few minutes to complete this short survey. This information will help Grand and Jackson Counties create a Transit Development Plan for improved transit service. Your cooperation is appreciated.

Sincerely, Transit Advisory Committee

Company Name: _____

Physical address: _____ **ZIP Code:** _____

1. **Are you a full-time or part-time employee in the County?**
 - a. G Full-time
 - b. G Part-time
 - c. G Seasonal (which? _____)
 - d. G Other (*specify*)

2. **Is public/ski area transit available to you to get to work?** G Yes G No

3. **What is your *home* physical address?** _____

4. **Do you use public/ski area transit to get to work?** G Yes G No

5. **How do you get to work, how often (days per week) and how long (minutes) does it take?**

	Check if you use	How often?	How long does it take?
Carpool/vanpool			
Public transit/ski area bus			
Drive alone			
Bike			
Walk			
Other _____			

6. **Are there significant parking shortages at your work location?** G Yes G No

7. **Do you think public transit services should be available in your area?**
 G Yes G No

8. **Would you be willing to pay a fare for public transit?** Yes No
If yes, what is a *reasonable* fare to pay *per person* for a *one-way*trip?

less than \$1 \$1 \$2-\$3 \$4-5 Other _____

9. **Where would you ride public transit to if it were available?**

- a. to work
 - b. to medical services
 - c. to recreational activities
 - d. to church or synagogue
 - e. to social events
 - f. to school
 - g. to shopping/grocery
 - h. to senior center
 - i. Or some other purpose
- (specify) _____

10. **What incentives would get you to ride public transit? (Check all that apply)**

<input type="checkbox"/>	a. transit service available	<input type="checkbox"/>	j. employer incentives - \$\$
<input type="checkbox"/>	b. evening transit available	<input type="checkbox"/>	k. employer incentives - telecommuting
<input type="checkbox"/>	c. more frequent service	<input type="checkbox"/>	l. employer incentives – showers
<input type="checkbox"/>	d. express transit service	<input type="checkbox"/>	m. employer incentive – flex-time
<input type="checkbox"/>	e. park and ride lots	<input type="checkbox"/>	n. employer incentive – clothes’ lockers
<input type="checkbox"/>	f. guaranteed ride home	<input type="checkbox"/>	o. employer incentive – bicycle rack/locker
<input type="checkbox"/>	g. service close to my home	<input type="checkbox"/>	p. employer incentive – preferential parking
<input type="checkbox"/>	h. free transit service	<input type="checkbox"/>	q. employer incentive – compressed work week
<input type="checkbox"/>	i. carpools/vanpools available	<input type="checkbox"/>	r. other (specify)

11. **Your Gender:** Male Female 12. **Your age:** _____

13. **Number of cars owned by or available to you:** _____

14. **Our annual household income is:**

- a. less than \$15,000/year
- b. between \$15,000-\$25,000/year
- c. between \$25,000-\$40,000/year
- d. between \$40,000-\$50,000/year
- e. more than \$50,000/year

15. **As an individual, please check the one method of funding public transportation in your community that you would most support (in addition to federal grants and continued financial support by local ski areas).**

- a. property taxes
- b. lift-ticket add-on
- c. sales taxes
- d. other taxes such as a Transit Authority or Transit District
- e. fares
- f. employer head tax
- g. don't know
- h. other (please specify) _____

THANK YOU for your participation. If you have additional transit questions or concerns, please contact either James Newberry (Grand County Commissioner, 725-3347) or Dennis Brinker (Jackson County Commissioner, 723-4483) or Transit Advisory Committee Chair, Sue Ann Fitch, 627-9210. Please feel free to submit any additional comments.

Lodging/Visitor Survey

for

Grand County

Please take a few minutes to complete this short survey. This information will help Grand County create a Transit Development Plan for improved transit service. Your cooperation is appreciated.

Sincerely, Transit Advisory Committee

1. I am staying at hotel/motel/B&B/resort/campsite closest to: *(check one)*

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Fraser | <input type="checkbox"/> Granby | <input type="checkbox"/> Grand Lake | <input type="checkbox"/> Hot Sulphur Springs |
| <input type="checkbox"/> Kremmling | <input type="checkbox"/> Winter Park | <input type="checkbox"/> Silver Creek | <input type="checkbox"/> Young Life/Crooked Creek |
| <input type="checkbox"/> YMCA/Snow Mtn. Ranch | <input type="checkbox"/> Devil's Thumb Ranch Ranch | | |
| <input type="checkbox"/> Other _____ | | | |

2. Where are you from? State/Country: _____ If from Colorado, county: _____

3. While staying in Grand County, what places will you visit? *(check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Fraser/Winter Park | <input type="checkbox"/> Granby | <input type="checkbox"/> Grand Lake |
| <input type="checkbox"/> Hot Sulphur Springs/Resort | <input type="checkbox"/> Kremmling | <input type="checkbox"/> Silver Creek Ski Area |
| <input type="checkbox"/> Rural Grand County | <input type="checkbox"/> Devil's Thumb Ranch | <input type="checkbox"/> Arapaho Nat'l Forest |
| <input type="checkbox"/> YMCA/Snow Mtn. Ranch | <input type="checkbox"/> Rocky Mtn. Nat'l Park | <input type="checkbox"/> Berthoud Ski Area |
| <input type="checkbox"/> Young Life/Crooked Cr. Ranch | <input type="checkbox"/> Pole Creek Golf | <input type="checkbox"/> Grand Lake Golf/ |
| <input type="checkbox"/> Winter Park Ski Area | <input type="checkbox"/> The reservoirs/lakes | <input type="checkbox"/> Ski Touring Center |
| <input type="checkbox"/> Other _____ | | |

4. How did you arrive in Grand County? by private car by private bus/van
 by Greyhound bus by bike by rental car by train Other _____
 (e.g. by air & rental car)

5. Do you plan to or did you use the local transit services during your stay?
 Yes No If yes, which one(s)? _____

6. What do you plan to do while you are in Grand County? (Check all that apply)

a. sightsee/scenic drive	j. downhill ski
b. cross country ski	k. hike/backpack/climb
c. camp	l. view wildlife
d. fish/hunt	m. bike
e. snowmobile	n. golf
f. sail/boat	o. shop
g. soak at hot springs	p. horseback/sleigh ride
h. snowshoe/skate (ice)	q. swim/skate (in-line, roller)
i. other:	r. other:

7. How many days are you staying in Grand County? _____

8. If public transit were available to you or expanded in Grand County, which stops would be most convenient for you? (e.g. Grand Lake to Winter Park)

From _____ to _____
 From _____ to _____
 From _____ to _____

9. If public transit were available, I would ride it to: (check all that apply)

- | | |
|------------------------------------|----------------------------|
| a. G ski area(s) | f. G social events |
| b. G medical services | g. G shopping |
| c. G other recreational activities | h. G the grocery store |
| d. G church or synagogue | i. G Or some other purpose |
| e. G my lodging | (specify) _____ |

10. What additional places in Grand County would you visit if public transit were available that you don't plan to or didn't visit this trip? (check all that apply)

- | | | |
|--------------------------------|-------------------------|-------------------------|
| G Fraser/Winter Park | G Granby | G Grand Lake |
| G Hot Sulphur Springs/Resort | G Kremmling | G Silver Creek Ski Area |
| G Rural Grand County | G Devil's Thumb Ranch | G Arapaho Nat'l Forest |
| G YMCA/Snow Mtn. Ranch | G Rocky Mtn. Nat'l Park | G Berthoud Ski Area |
| G Young Life/Crooked Cr. Ranch | G Pole Creek Golf | G Grand Lake Golf/ |
| G Winter Park Ski Area | G The reservoirs/lakes | Ski Touring Center |
| G Other _____ | | |

11. Would you be willing to pay a fare for the trips that you listed above ?

- G Yes G No

12. If yes, how much is a reasonable fare per person for a one-way trip?

- G less than \$1 G \$1 G \$2-\$3 G \$4-\$5 G Other _____

13. Your Gender: G Male G Female 14. Your age: _____

15. My annual income is: a. G less than \$15,000/year
b. G between \$15,000-\$30,000/year
c. G between \$30,000-\$50,000/year
d. G between \$50,000-\$85,000/year
e. G more than \$75,000/year

THANK YOU for your participation. If you have additional transit questions or concerns, please contact the County Commissioners (725-3347) or the Transit Advisory Committee Chair, Sue Ann Fitch, 627-9210. Please feel free to submit any additional comments.

Resident Survey

for

Grand County and Jackson County

Please take a few minutes to complete this short survey. This information will help Grand and Jackson Counties create a Transit Development Plan for improved transit service. Your cooperation is appreciated.

Sincerely, Transit Advisory Committee

1. Please provide your home physical address:

number street town ZIP code

2. Are you a full-time or part-time resident of the County?

a. G Full-time b. G Part-time c. G Seasonal (which? _____) d. G Other (specify) _____

3. Is public transit available in your community? G Yes G No

4. When you travel in your community, which method of travel do you use, how often (days per week) and how long does it take (minutes)?

	Check if you use	How often?	How long does it take?
Carpool/vanpool			
Public transit/ski area bus			
Drive alone			
Bike			
Someone drives me			
Senior van			
Walk			
Other _____			

5. If you use public transit, which one(s)? _____

6. If public transit is not currently available in your community, do you think it should be?

Yes No

7. Are there significant parking shortages in your community? Yes No

8. Would you be willing to pay a fare for public transit? Yes No

If yes, how what is a reasonable fare to pay per person for a one-way trip?

\$0 (free) less than \$1 \$1 \$2-\$3 \$4-\$5

9. Where would you ride public transit to if it were available?

- | | |
|--------------------------------|---------------------------|
| a. Gto work | f. Gto school |
| b. Gto medical services | g. Gto shopping/grocery |
| c. Gto recreational activities | h. Gto senior center |
| d. Gto church or synagogue | i. GOr some other purpose |
| e. Gto social events | (specify)_____ |

10. What incentives would get you to ride public transit? (Check all that apply)

<input type="checkbox"/>	a. transit service available	<input type="checkbox"/>	j. employer incentives - \$\$
<input type="checkbox"/>	b. evening transit available	<input type="checkbox"/>	k. employer incentives - telecommuting
<input type="checkbox"/>	c. more frequent service	<input type="checkbox"/>	l. employer incentives – showers
<input type="checkbox"/>	d. express transit service	<input type="checkbox"/>	m. employer incentive – flex-time
<input type="checkbox"/>	e. park and ride lots	<input type="checkbox"/>	n. employer incentive – clothes' lockers
<input type="checkbox"/>	f. guaranteed ride home	<input type="checkbox"/>	o. employer incentive – bicycle rack/locker
<input type="checkbox"/>	g. service close to my home	<input type="checkbox"/>	p. employer incentive – preferential parking
<input type="checkbox"/>	h. free transit service	<input type="checkbox"/>	q. employer incentive – compressed work week
<input type="checkbox"/>	i. carpools/vanpools available	<input type="checkbox"/>	r. other (specify):

11. Your Gender: Male Female 12. Your age: _____

13. Number of cars owned by or available to you: _____

14. Our annual household income is:

a.	G less than \$15,000/year
b.	G between \$15,000-\$25,000/year
c.	G between \$25,000-\$40,000/year
d.	G between \$40,000-\$50,000/year
e.	G more than \$50,000/year

15. As an individual, please check the one method of funding public transportation in your community that you would most support (in addition to federal grants and continued financial support by local ski areas).

- | | | | |
|----|---|----|--------------------------------|
| a. | G property taxes | e. | G fares |
| b. | G lift-ticket add-on | f. | G employer head tax |
| c. | G sales taxes | g. | G don't know |
| d. | G other taxes such as a Transit Authority or Transit District | h. | G other (please specify) _____ |

THANK YOU for your participation. If you have additional transit questions or concerns, please contact the Board of County Commissioners or the Transit Advisory Committee Chair, Sue Ann Fitch, 627-9210. Please feel free to submit any additional comments.