

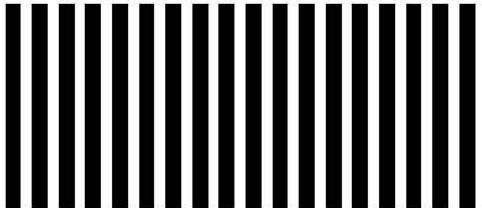


DATA SMARTS  
3160 MAIN ST STE 100  
DULUTH GA 30096-9865

POSTAGE WILL BE PAID BY ADDRESSEE

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 574 DULUTH GA

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



10. What type of fare did you pay or use for this trip?

- \$ 1.50 Cash
- 75 Cent Reduced Cash Fare
- 50 Cent Cash Transfer from Tri-Rail or BCT
- FAU Student ID (Route 94 only)
- Free
- Quik Pass Unlimited 1-day
- Quik Pass Unlimited 1-day Reduced
- Quik Pass Unlimited 31-day
- Quik Pass Unlimited 31-day Reduced

If using a reduced fare or riding free, did you qualify as:

- Medicare
- Veteran service connected
- Other \_\_\_\_\_

11. How many people are traveling with you today?

- None, I am traveling alone.
- I am traveling with \_\_\_\_\_ people (number of people you are traveling with excluding yourself).  
How many are under 16 years old? \_\_\_\_\_ persons (excluding yourself)

12. Do you have a valid Driver's License?

- Yes
- No

13. How many working cars, vans, or trucks are available to people in your household?

- None
- One
- Two
- Three or more (please specify \_\_\_\_\_)

14. Including yourself, how many people live in your household?

- One
- Two
- Three
- Four
- Five or more (please specify \_\_\_\_\_)

Of the people in your household, how many are over 16 years old?

- One
- Two
- Three
- Four
- Five or more (please specify \_\_\_\_\_)

Including yourself, how many people in your household work outside of the home?

- One
- Two
- Three
- Four
- Five or more (please specify \_\_\_\_\_)

15. Are you a: (please select all that apply)

- Full-time worker
- Part-time worker
- Homemaker
- Retired person
- Disabled person
- Unemployed person
- Full-time university/college student
- Part-time university/college student
- Other student

16. What is your age?

- 17 and under
- 18 to 24
- 25 to 49
- 50 to 64
- 65 to 74
- 75 to 84
- 85 and over

17. Do you use a mobility assistance device (cane, walker, wheelchair)?

- Yes
- No

18. Are you a

- Male
- Female

19. Please provide your ethnicity and race information. Are you Hispanic, Latino, or Spanish origin?  Yes  No

What is your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races
- Some other race (Please specify \_\_\_\_\_)

20. Which category best describes the combined total income (before taxes) in 2009 for everyone who lives in your household?

- Less than \$10,000
- \$10,000 - \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 or more
- Don't know

Please provide your name and address for the chance to win 1 of 10 monthly Palm Tran passes.

Name: \_\_\_\_\_

Exact Address (Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



**Thank you for your participation!**



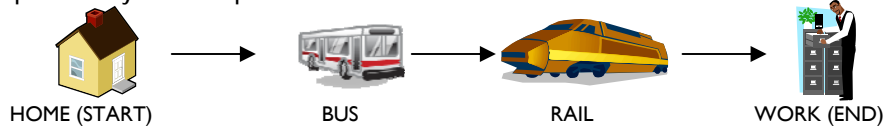
# PLEASE HELP US IMPROVE YOUR PALM TRAN SERVICE

Please take a few minutes to answer this survey about your trip today. Your answers will help us plan for better transit service in the future. If you have questions regarding completing this survey please call 954-315-3817 and ask for Tara Crawford.

**Please return your completed survey to the attendant on the bus before you leave today. If you cannot complete the survey before you leave, please complete it later, fold it as indicated and drop it in the mail (postage is prepaid).**

**THE FOLLOWING QUESTIONS ARE ABOUT THE ONE WAY TRANSIT TRIP YOU ARE MAKING RIGHT NOW!**

Example One Way Transit Trip



Check if you have already filled out this form on another bus (Please complete this form even if you checked the box).

## 1. What type of place are you coming from now? (Starting this one way trip) (mark one only)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Work                 | <input type="checkbox"/> Recreation/Entertainment              | <input type="checkbox"/> Shopping/Restaurant |
| <input type="checkbox"/> School (K-12)        | <input type="checkbox"/> Home                                  | <input type="checkbox"/> Personal Business   |
| <input type="checkbox"/> Medical/Doctor Visit | <input type="checkbox"/> School (College/University/Technical) |  |
| <input type="checkbox"/> Social Visit         | <input type="checkbox"/> Other _____                           |  |

What is the address?

Exact Address: (Street) \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_

Or Nearest Cross Streets:  
 (On street) \_\_\_\_\_  
 (At street) \_\_\_\_\_  
 City: \_\_\_\_\_

Or Nearby Landmark: \_\_\_\_\_  
(Name of Place, Business, Building, Mall, Hospital, or School)

## 2. How did you get to the First Bus/Train on This One-Way Trip? (mark one only)

- Drove alone and parked my car/van/truck: OR  Drove with others and parked a car/van/truck:  
 (On street) \_\_\_\_\_  
 (At street) \_\_\_\_\_  
 City: \_\_\_\_\_  
 Or Place Name: \_\_\_\_\_

- Was dropped off  
 Rode a bicycle for \_\_\_\_\_ minutes  
 Walked for \_\_\_\_\_ minutes  
 Other \_\_\_\_\_

## 3. Where did you board THIS BUS (Nearest Street Intersection or Cross Streets)?

Place Name \_\_\_\_\_  
 (On street) \_\_\_\_\_  
 (At street) \_\_\_\_\_  
 City: \_\_\_\_\_

## 4. How long did you wait to board this bus (in minutes)?

- 0 to 5  6 to 10  11 to 15  16 to 20  21 to 25  26 to 30  More than 30 minutes

## 5. Please name all the routes (including this one) you are taking on the One Way Trip:

- 1st route:  Palm Tran, Route # \_\_\_\_\_  
 BCT, Route # \_\_\_\_\_  
 Tri-Rail
- 2nd route:  Palm Tran, Route # \_\_\_\_\_  
 BCT, Route # \_\_\_\_\_  
 Tri-Rail
- 3rd route:  Palm Tran, Route # \_\_\_\_\_  
 BCT, Route # \_\_\_\_\_  
 Tri-Rail
- 4th route:  Palm Tran, Route # \_\_\_\_\_  
 BCT, Route # \_\_\_\_\_  
 Tri-Rail
- Used more than 4 routes

## 6. Where will you get off THIS BUS? (Nearest Street Intersection or Cross Streets)

Place Name \_\_\_\_\_  
 (On street) \_\_\_\_\_  
 (At street) \_\_\_\_\_  
 City: \_\_\_\_\_

## 7. How will you get from the Very Last Bus/Train to your Final Destination on This One-Way Trip? (mark one only)

- Drive alone in my car/van/truck, which is parked: OR  Drive with others in a car/van/truck, which is parked:  
 (On street) \_\_\_\_\_  
 (At street) \_\_\_\_\_  
 City: \_\_\_\_\_  
 Or Place Name: \_\_\_\_\_
- Will get picked up  
 Ride a bicycle for \_\_\_\_\_ minutes  
 Walk for \_\_\_\_\_ minutes  
 Other \_\_\_\_\_

## 8. What type of place are you going to now? (mark one only)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Work                 | <input type="checkbox"/> Recreation/Entertainment              | <input type="checkbox"/> Shopping/Restaurant |
| <input type="checkbox"/> School (K-12)        | <input type="checkbox"/> Home                                  | <input type="checkbox"/> Personal Business   |
| <input type="checkbox"/> Medical/Doctor Visit | <input type="checkbox"/> School (College/University/Technical) |  |
| <input type="checkbox"/> Social Visit         | <input type="checkbox"/> Other _____                           |  |

What is the address?

Exact Address: (Street) \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_

Or Nearest Cross Streets:  
 (On street) \_\_\_\_\_  
 (At street) \_\_\_\_\_  
 City: \_\_\_\_\_

Or Nearby Landmark: \_\_\_\_\_  
(Name of Place, Business, Building, Mall, Hospital, or School)

## 9. Will you make a return trip on Palm Tran today?

- No, I will not be making a return trip.  
 No, I cannot make a return trip on Palm Tran.  
 Yes, I will be making a return trip on Palm Tran.  
 This is the return trip for me.