

**PUBLIC TRANSPORTATION SURVEY
County/Indian Reservation**

1. General Information

Administrator Name: _____

Agency Name: _____

Mailing Address: _____

City: _____

Zip Code: _____

Telephone: _____

Agency location (if address is Post Office Box):

2. Who is to be contacted regarding this questionnaire?

Name: _____

Title: _____

Telephone: _____

**3. Which of the following best describes your agency?
(check one only)**

Governmental	_____
Social Service	_____
Regulatory	_____
Transportation	_____
Other	_____

(Please describe) _____

SURVEY CONTINUED

4. Demographic Information

Square Mileage of your county/reservation?

1 - 1,000 sq. miles _____ 1,001 - 4,999 sq. miles _____
5,000 - 10,000 sq. miles _____ 10,001 - 50,000 sq. miles _____
over 50,000 sq. miles _____

Population (all ages) of your county/reservation?

0 - 1,000 _____ 1,001 - 4,999 _____
5,000 - 10,000 _____ 10,000 - 50,000 _____
over 50,000 _____

Percent of residents over 60? _____

Percent of residents disabled? _____

What services are available in your county/reservation?
(Check all that apply)

Medical (general)	_____	Medical (Specialized)	_____
Shopping (grocery)	_____	Shopping (apparel)	_____
Pharmacy	_____	Bank	_____
Library	_____	Court house	_____
Post Office	_____	Community College	_____
Government Offices	_____		
(please describe)	_____		
Other	_____		
(please describe)	_____		

If any of the above services are not available in your county/
reservation, where do you travel to access these services?

City _____

County _____

State _____

SURVEY CONTINUED

What transportation options exist for the elderly in your county/reservation?

Taxi _____ Public Transportation _____
Senior Transportation _____ Medicaid _____
Family, friend _____ None _____
Other _____
(please describe) _____

What transportation options exist for the disabled in your county/reservation?

Taxi _____ Public Transportation _____
Senior Transportation _____ Medicaid _____
Family, friend _____ None _____
Other _____
(please describe) _____

What transportation options exist for the public in your county/reservation?

Taxi _____ Public Transportation _____
Senior Transportation _____ Medicaid _____
Family, friend _____ None _____
Other _____
(please describe) _____

What other modes of transportation are available in your county/reservation?

Charter bus _____ Greyhound bus line _____
Other intercity bus line _____ AMTRAK _____
Commuter air line _____ Full service air line _____
None _____

Is there a mode of transportation not available in your county/reservation that would be used by your residents?

Yes _____ No _____

If Yes, please describe _____

SURVEY CONTINUED

5. What transportation services are financed by your agency?
(check all that apply)

Elderly Service _____	Disabled Service _____
Public Service _____	Employee Van Pool _____
Medical Service _____	School Bus _____
Intercity _____	Interstate _____
None _____	

If you finance transportation services, do you provide:

Capital funds? _____
Operating funds? _____
Subsidized Rides for Elderly? _____ Disabled _____?
Individual Reimbursement? _____
Insurance? _____ Fuel? _____
Other?
(Please describe) _____

If you finance transportation services, where do the funds
come from?

Sales Tax ? _____ Property Tax? _____
Gasoline Tax? _____ Road Use Tax? _____
Other Tax? _____
Please describe _____

Other Source? (please describe) _____

If you finance transportation services, do you have adequate
funds for your program?

Yes _____ No _____

PLEASE RETURN THIS SURVEY TO:

SANDI MCGREW
PLANNING
NEVADA DEPARTMENT OF TRANSPORTATION
1263 SOUTH STEWART
CARSON CITY, NV 89712