

**PUBLIC TRANSPORTATION SURVEY**  
**City**

**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 community?**

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 community?**

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 community?  
(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 community, where would you travel to access those services?**

**City** \_\_\_\_\_

**County** \_\_\_\_\_

**State** \_\_\_\_\_

SURVEY CONTINUED

What transportation options exist for the elderly in your community?

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

What transportation options exist for the disabled in your community?

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

What transportation options exist for the public in your community?

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

What other modes of transportation are available in your community?

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 community 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**