



2019 Unmet Transit Needs Survey

Name: _____ Zipcode: _____

Email: _____ Phone: _____

1. Is there a trip you would like to make on public transit but cannot?

- Yes
- No (skip to question 7)

2. Where would that trip start?

3. Where would that trip end?

4. How often would you make this trip?

5. What time would you make this trip?

6. Why would you make this trip?

7. How else is transit not meeting your needs?
