

6. Appendix C – Pflugerville Library Intercept Surveys



Library February 10, 2016



Pflugerville Transit Plan – Survey on Transit Needs

Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: 78660</p>	<p>3. Work/School Zip Code or Address: 78724</p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input checked="" type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More <i>N/A</i> - Entertainment/Recreation – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More <i>N/A</i> - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> 1 <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going 2 <input type="checkbox"/> If I felt more safe/secure when using public transit 4 <input type="checkbox"/> If it took less time to get where I am going 3 <input checked="" type="checkbox"/> If it is cost effective ___ Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><i>library, grocery stores, shopping centers, hospitals in Austin & physician offices.</i></p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pftransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p> <p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>2. Home Zip Code or Address: 78660</p> <p>5. Age: <input type="checkbox"/> (under16) <input checked="" type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	<p>3. Work/School Zip Code or Address: Siempre Tax</p>
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? 1-3 weeks 	<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - CARTS – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____ 	
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input checked="" type="checkbox"/> If I felt more safe/secure when using public transit <input checked="" type="checkbox"/> If it took less time to get where I am going <input checked="" type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p>Sarah's Creek, Graham Central Station, Rosemont, Pflugerville Library</p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> F <i>female</i></p>	<p>2. Home Zip Code or Address: <u>78660</u></p>	<p>3. Work/School Zip Code or Address: <u>78660</u></p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input checked="" type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input type="checkbox"/> If it were convenient to where I live and where I'm going <input checked="" type="checkbox"/> If I felt more safe/secure when using public transit <input checked="" type="checkbox"/> If it took less time to get where I am going <input type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>Pflugerville</u></p> <hr/> <hr/>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pftransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p> <p>4. Ethnicity: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>2. Home Zip Code or Address: <u>78060</u></p> <p>5. Age: <input checked="" type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	<p>3. Work/School Zip Code or Address: <u>PHS 78660</u></p>
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 	<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - CARTS – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____ 	
<p>8. What would make you more likely to use public transportation? (Please rank the following) <u>1-4</u></p> <p><u>1</u> If it were convenient to where I live and where I'm going <u>3</u> If I felt more safe/secure when using public transit <u>2</u> If it took less time to get where I am going <u>4</u> If it is cost effective ___ Other _____</p> <p style="text-align: right;"><u>most → least</u></p>		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>grocery stores, down town, libraries, churches, food places</u></p> <p><u>from pflugerville to austin</u></p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78660</u></p>	<p>3. Work/School Zip Code or Address: _____</p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input checked="" type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input checked="" type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Capital Metro – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> ___ If it were convenient to where I live and where I'm going ___ If I felt more safe/secure when using public transit <input checked="" type="checkbox"/> If it took less time to get where I am going ___ If it is cost effective ___ Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>Pflugerville library, Bluff Springs, Graham Central Station</u> <u>Saras Creek / Rosemont, parks</u></p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p> <p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>2. Home Zip Code or Address: <u>78660</u></p> <p>5. Age: <input checked="" type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	<p>3. Work/School Zip Code or Address: <u>PHS</u></p>
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input checked="" type="checkbox"/> If I felt more safe/secure when using public transit <input checked="" type="checkbox"/> If it took less time to get where I am going <input type="checkbox"/> If it is cost effective ___ Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>Food places, shopping center</u></p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pftransitplan.org



Library February 10, 2016



Pflugerville Transit Plan – Survey on Transit Needs

Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>7 78660</u></p>	<p>3. Work/School Zip Code or Address: <u>Pflugerville high school</u></p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input checked="" type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <p><u>3</u> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going</p> <p><u>2</u> <input type="checkbox"/> If I felt more safe/secure when using public transit</p> <p><u>1</u> <input type="checkbox"/> If it took less time to get where I am going</p> <p><u>4</u> <input type="checkbox"/> If it is cost effective</p> <p>___ Other _____</p>		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>Shopping Center, food</u></p> <p>_____</p> <p>_____</p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pftransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>79660</u></p>	<p>3. Work/School Zip Code or Address: <u>Pflugerville High School</u></p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input checked="" type="checkbox"/> (under 16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More <u>Never</u> - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input type="checkbox"/> If I felt more safe/secure when using public transit <input type="checkbox"/> If it took less time to get where I am going <input type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>to school to the rec</u></p> <hr/> <hr/>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016



Pflugerville Transit Plan – Survey on Transit Needs

Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: _____</p>	<p>3. Work/School Zip Code or Address: <u>Pflugerville TX</u></p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input checked="" type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input type="checkbox"/> If I felt more safe/secure when using public transit <input type="checkbox"/> If it took less time to get where I am going <input type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>To school</u></p> <hr/> <hr/>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p> <p>4. Ethnicity: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>2. Home Zip Code or Address: <u>78753</u></p> <p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input checked="" type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	<p>3. Work/School Zip Code or Address: <u>78717</u></p>
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <p><u>4</u> If it were convenient to where I live and where I'm going <u>1</u> If I felt more safe/secure when using public transit <u>3</u> If it took less time to get where I am going <u>2</u> If it is cost effective Other _____</p>		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>HEB, library, water, downtown</u></p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016



Pflugerville Transit Plan – Survey on Transit Needs

Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78660</u></p>	<p>3. Work/School Zip Code or Address: <u>78660</u></p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input checked="" type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <p><u>1</u> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going ___ <input type="checkbox"/> If I felt more safe/secure when using public transit <u>3</u> <input type="checkbox"/> If it took less time to get where I am going <u>2</u> <input checked="" type="checkbox"/> If it is cost effective ___ <input type="checkbox"/> Other _____</p>		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>Desire road</u></p> <hr/> <hr/>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78160</u></p>	<p>3. Work/School Zip Code or Address: <u>78160</u></p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input checked="" type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		
<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____ 		
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> 1. <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <u>4</u> <input type="checkbox"/> If I felt more safe/secure when using public transit <u>2</u> <input type="checkbox"/> If it took less time to get where I am going <u>3</u> <input type="checkbox"/> If it is cost effective _____ Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>The public library</u></p> <p>_____</p> <p>_____</p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pftransitplan.org



Library February 10, 2016



Pflugerville Transit Plan – Survey on Transit Needs

Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78760</u></p>	<p>3. Work/School Zip Code or Address: <u>78760</u></p>	
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input checked="" type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>		
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input checked="" type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input checked="" type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____ 	
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input checked="" type="checkbox"/> If I felt more safe/secure when using public transit <input checked="" type="checkbox"/> If it took less time to get where I am going <input checked="" type="checkbox"/> If it is cost effective ___ Other _____ 			
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <hr/> <hr/>			

Email completed survey to: michelle.mcaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016



Pflugerville Transit Plan – Survey on Transit Needs

Capital Metro wants to get your ideas about public transit service in the region.
Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78753</u></p>	<p>3. Work/School Zip Code or Address: <u>78728</u></p>
<p>4. Ethnicity: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input checked="" type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		
<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____ 		
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <p><u>1</u> If it were convenient to where I live and where I'm going <u>4</u> If I felt more safe/secure when using public transit <u>2</u> If it took less time to get where I am going <u>3</u> If it is cost effective ___ Other _____</p>		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>From Howard Transit Center to Library</u> <u>From Howard Transit center to clinic</u></p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78660</u></p>	<p>3. Work/School Zip Code or Address: <u>78653</u></p>
<p>4. Ethnicity: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input checked="" type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <p><u>1</u> If it were convenient to where I live and where I'm going <u>4</u> If I felt more safe/secure when using public transit <u>2</u> If it took less time to get where I am going <u>3</u> If it is cost effective _____ Other _____</p>		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>Pflugerville, Hutto</u></p> <p>_____</p> <p>_____</p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78660</u></p>	<p>3. Work/School Zip Code or Address: <u>Downtown Austin 78758</u></p>
<p>4. Ethnicity: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input checked="" type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input checked="" type="checkbox"/> If I felt more safe/secure when using public transit <input checked="" type="checkbox"/> If it took less time to get where I am going <input type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>all of Pflugerville, joining w/ Austin</u></p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78660</u></p>	<p>3. Work/School Zip Code or Address: <u>78653</u></p>
<p>4. Ethnicity: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input checked="" type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <p><u>1</u> If it were convenient to where I live and where I'm going <u>4</u> If I felt more safe/secure when using public transit <u>2</u> If it took less time to get where I am going <u>3</u> If it is cost effective _____ Other _____</p>		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>Pflugerville, Hutto</u></p> <p>_____</p> <p>_____</p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78660</u></p>	<p>3. Work/School Zip Code or Address: <u>Downtown Austin 78758</u></p>
<p>4. Ethnicity: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input checked="" type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input checked="" type="checkbox"/> If I felt more safe/secure when using public transit <input checked="" type="checkbox"/> If it took less time to get where I am going <input type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>all of Pflugerville, joining w/ Austin</u></p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78660</u></p>	<p>3. Work/School Zip Code or Address: <u>78660</u></p>
<p>4. Ethnicity: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input checked="" type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input checked="" type="checkbox"/> If I felt more safe/secure when using public transit <input type="checkbox"/> If it took less time to get where I am going <input checked="" type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>200 aquapark</u></p> <hr/> <hr/>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p> <p>4. Ethnicity: <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>2. Home Zip Code or Address: <u>78660</u></p> <p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input checked="" type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	<p>3. Work/School Zip Code or Address: <u>78660</u></p>
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Other/How often? _____ 	<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____ 	
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ol style="list-style-type: none"> ① If it were convenient to where I live and where I'm going ④ If I felt more safe/secure when using public transit ③ If it took less time to get where I am going ② If it is cost effective ___ Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>Downtown Pflugerville, Near Pflugerville Toll roads, Sarahs Creek neighborhood.</u></p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78660</u></p>	<p>3. Work/School Zip Code or Address: <u>78728</u></p>	
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input checked="" type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input checked="" type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>		
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____ 	
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <p>___ If it were convenient to where I live and where I'm going</p> <p>___ If I felt more safe/secure when using public transit</p> <p><input checked="" type="checkbox"/> If it took less time to get where I am going</p> <p>___ If it is cost effective</p> <p>___ Other _____</p>			
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>Pflugerville to south</u></p>			

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>		<p>2. Home Zip Code or Address: <u>78660</u></p>		<p>3. Work/School Zip Code or Address: <u>78660</u></p>	
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>		<p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input checked="" type="checkbox"/> (40-49) <input checked="" type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>			
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 			<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____ 		
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input checked="" type="checkbox"/> If I felt more safe/secure when using public transit <input checked="" type="checkbox"/> If it took less time to get where I am going <input checked="" type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 					
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>To Austin, Round Rock, Georgetown</u></p> <p><u>Cedar Park</u></p>					

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: _____</p>	<p>3. Work/School Zip Code or Address: _____</p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input checked="" type="checkbox"/> Asian-American <input checked="" type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input checked="" type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? <u>N/A</u> 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? <u>N/A</u>
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input type="checkbox"/> If it were convenient to where I live and where I'm going <input checked="" type="checkbox"/> If I felt more safe/secure when using public transit <input type="checkbox"/> If it took less time to get where I am going <input checked="" type="checkbox"/> If it is cost effective <input type="checkbox"/> Other <u>electric powered</u> 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>city premisses, hospital, daily grocery, etc...</u></p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pftransitplan.org



Library February 10, 2016



Pflugerville Transit Plan – Survey on Transit Needs

Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78660</u> <u>17000100</u></p>	<p>3. Work/School Zip Code or Address: <u>78660</u></p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input checked="" type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input type="checkbox"/> If I felt more safe/secure when using public transit <input checked="" type="checkbox"/> If it took less time to get where I am going <input checked="" type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>Pecan St</u></p> <hr/> <hr/>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78660</u></p>	<p>3. Work/School Zip Code or Address: <u>78735</u></p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input checked="" type="checkbox"/> Other, please specify <u>white/mexican</u></p>	<p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input checked="" type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input checked="" type="checkbox"/> If I felt more safe/secure when using public transit <input type="checkbox"/> If it took less time to get where I am going <input type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>Schools, churches</u></p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016



Pflugerville Transit Plan – Survey on Transit Needs

Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78660</u></p>	<p>3. Work/School Zip Code or Address: _____</p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input checked="" type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		
<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____ 		
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input type="checkbox"/> If I felt more safe/secure when using public transit <input type="checkbox"/> If it took less time to get where I am going <input type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>Pflugerville, Austin</u></p> <p>_____</p> <p>_____</p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p> <p>4. Ethnicity: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>2. Home Zip Code or Address: <u>78666</u></p> <p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input checked="" type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	<p>3. Work/School Zip Code or Address: <u>78666</u></p>
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <p>___ If it were convenient to where I live and where I'm going</p> <p>___ If I felt more safe/secure when using public transit</p> <p>___ If it took less time to get where I am going</p> <p>___ If it is cost effective</p> <p>___ Other _____</p>		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p>_____</p> <p>_____</p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78634</u></p>	<p>3. Work/School Zip Code or Address: _____</p>
<p>4. Ethnicity: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input checked="" type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		
<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____ 		
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input type="checkbox"/> If I felt more safe/secure when using public transit <input type="checkbox"/> If it took less time to get where I am going <input type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>Library, HEB,</u></p> <p>_____</p> <p>_____</p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pftransitplan.org



Library February 10, 2016



Pflugerville Transit Plan – Survey on Transit Needs

Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78660</u></p>	<p>3. Work/School Zip Code or Address: _____</p>
<p>4. Ethnicity: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input checked="" type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <p><u>3</u> If it were convenient to where I live and where I'm going</p> <p><u>4</u> If I felt more safe/secure when using public transit</p> <p><u>1</u> If it took less time to get where I am going</p> <p><u>2</u> If it is cost effective</p> <p>____ Other _____</p>		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>The Church of Jesus Christ of Latter-day Saints</u></p> <p><u>700 Heatherwilde Blvd. Sundays @ 11:00am and 1:00pm</u></p> <p><u>Pflugerville, TX</u></p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78644</u></p>	<p>3. Work/School Zip Code or Address: _____</p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input checked="" type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? <u>9</u> 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <p style="text-align: center;"><i>none</i></p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> ___ If it were convenient to where I live and where I'm going ___ If I felt more safe/secure when using public transit ___ If it took less time to get where I am going ___ If it is cost effective ___ Other <u>EVENTS</u> 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>EVENT CENTERS</u></p> <p>_____</p> <p>_____</p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pftransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78060</u></p>	<p>3. Work/School Zip Code or Address: <u>78060</u></p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input checked="" type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <p><u>3</u> If it were convenient to where I live and where I'm going</p> <p><u>1</u> If I felt more safe/secure when using public transit</p> <p><u>4</u> If it took less time to get where I am going</p> <p><u>2</u> If it is cost effective</p> <p>___ Other _____</p>		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>The mall every mall</u></p> <p>_____</p> <p>_____</p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p> <p>4. Ethnicity: <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>2. Home Zip Code or Address: <u>78660</u></p> <p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input checked="" type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	<p>3. Work/School Zip Code or Address: <u>78701</u></p>
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work - <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School - <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation - <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands - <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services - <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments - <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile - <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle - <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk - <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS - <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro - <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior - <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend - <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input type="checkbox"/> If it were convenient to where I live and where I'm going <input type="checkbox"/> If I felt more safe/secure when using public transit <input type="checkbox"/> If it took less time to get where I am going <input type="checkbox"/> If it is cost effective <input type="checkbox"/> Other <u>if I didnt have a car</u> 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>NO preference</u></p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pftransitplan.org



Library February 10, 2016

Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78660</u></p>	<p>3. Work/School Zip Code or Address: <u>78660</u></p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input checked="" type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More <i>N/A</i> - Relative/Friend – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input type="checkbox"/> If I felt more safe/secure when using public transit <input type="checkbox"/> If it took less time to get where I am going <input type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>all around Pflugerville and Round Rock.</u></p> <hr/> <hr/>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016



Pflugerville Transit Plan – Survey on Transit Needs

Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78753</u></p>	<p>3. Work/School Zip Code or Address: _____</p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input checked="" type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		
<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____ 		
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input type="checkbox"/> If I felt more safe/secure when using public transit <input checked="" type="checkbox"/> If it took less time to get where I am going <input checked="" type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>Pecan St</u></p> <p>_____</p> <p>_____</p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016



Pflugerville Transit Plan – Survey on Transit Needs

Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F</p> <p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>2. Home Zip Code or Address: <u>78600</u></p> <p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input checked="" type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	<p>3. Work/School Zip Code or Address: <u>78600</u> <i>airport</i></p>
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <u>1</u> If it were convenient to where I live and where I'm going ___ If I felt more safe/secure when using public transit ___ If it took less time to get where I am going ___ If it is cost effective ___ Other _____ <p style="text-align: center;"><i>all good</i></p>		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <hr/> <hr/>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Library February 10, 2016



Pflugerville Transit Plan – Survey on Transit Needs

Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78728</u></p>	<p>3. Work/School Zip Code or Address: <u>78728</u></p>
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input checked="" type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>	
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input checked="" type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Bicycle – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input checked="" type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <p><u>1</u> If it were convenient to where I live and where I'm going</p> <p><u>3</u> If I felt more safe/secure when using public transit</p> <p><u>2</u> If it took less time to get where I am going</p> <p><u>4</u> If it is cost effective</p> <p>___ Other _____</p>		
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p><u>MARKS; Health Facilities; Grocers</u></p>		

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org



Pflugerville Transit Plan – Survey on Transit Needs



Capital Metro wants to get your ideas about public transit service in the region. Please share your opinions with us. We truly appreciate your time and input.

<p>1. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F</p>	<p>2. Home Zip Code or Address: <u>78066</u></p>	<p>3. Work/School Zip Code or Address: _____</p>	
<p>4. Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Other, please specify _____</p>	<p>5. Age: <input type="checkbox"/> (under16) <input checked="" type="checkbox"/> (17-29) <input type="checkbox"/> (30-39) <input type="checkbox"/> (40-49) <input type="checkbox"/> (50-64) <input type="checkbox"/> (65+)</p>		
<p>6. If available and convenient, would you use public transportation for the following types of trips? (Please check all that apply)</p> <ul style="list-style-type: none"> - Work – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - School – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Entertainment/Recreation – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Shop/Run Errands – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Social Services – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Medical appointments – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How often? _____ 		<p>7. Which types of transportation do you currently use and how often? (Please check all that apply)</p> <ul style="list-style-type: none"> - Automobile – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input checked="" type="checkbox"/> More - Bicycle – <input type="checkbox"/> Never <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Walk – <input type="checkbox"/> Never <input checked="" type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - CARTS – <input type="checkbox"/> Once or twice a month <input type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Capital Metro – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Drive a Senior – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Relative/Friend – <input type="checkbox"/> Once or twice a month <input checked="" type="checkbox"/> 1-3 times a week <input type="checkbox"/> 4-7 times a week <input type="checkbox"/> More - Other/How Often? _____ 	
<p>8. What would make you more likely to use public transportation? (Please rank the following)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it were convenient to where I live and where I'm going <input type="checkbox"/> If I felt more safe/secure when using public transit <input type="checkbox"/> If it took less time to get where I am going <input type="checkbox"/> If it is cost effective <input type="checkbox"/> Other _____ 			
<p>9. What destinations do you think public transit should serve? (Specific places in Pflugerville, Austin, etc.)</p> <p style="font-size: 1.2em; margin-left: 20px;"><u>Round Rock, Pflugerville</u></p>			

Email completed survey to: michelle.meaux@capmetro.org or
 Mail completed survey to: Michelle Meaux, Capital Metro, 2910 E. 5th St, Austin, TX 78702
 Complete online survey: www.pfltransitplan.org **Library February 10, 2016**