

CITY OF SHORELINE
TRANSIT PLAN QUESTIONNAIRE

This questionnaire is one component of public involvement for developing a Transit Plan for the City of Shoreline. Please take a few minutes to fill out this survey.

We thank you for taking the time to contribute your comments to the Transit Plan project.

Please complete the following contact information if you wish to be informed of community meetings and progress of the Transit Plan.

If you would prefer notification electronically, please enter your e-mail address here.

E-mail: _____

If you would prefer notification through the mail, please provide your mailing address here.

Name: _____

Street Address: _____

Apt/Suite Number: _____

City: _____

State: _____

ZIP: _____

For more information about the Transit Plan, check out the Transportation Master Plan Website at: www.shorelinewa.gov. You may also contact Alicia McIntire, Transportation Senior Planner, at 206.801.2483 or amcintire@shorelinewa.gov.

Return this survey at the open house or mail to:

City of Shoreline

Attn: Alicia McIntire

17500 Midvale Avenue North

Shoreline, WA 98133

1. What is the closest street intersection to your home?

Intersection: _____

2. Do you have an automobile available to you for trip making?

Yes

No

3. What are your transit destinations within Shoreline? _____

4. Where do you take the bus outside of Shoreline? If Seattle, please specify the neighborhood. _____

5. What transit provider(s) do you use (Metro Transit, Community Transit, Sound Transit)? _____

6. Where would you like to take the bus that you cannot now? _____

7. How often do you ride the bus per week? Please identify each one-way trip as one ride. _____

8. Why do you take the bus? (Circle all that apply.)

- Travel to work
- Travel to school
- Personal business/errands
- Visit friends/social/entertainment
- Other (please specify) _____

9. How many transfers do you need to reach the destinations circled above? _____

10. Which of your trips require a transfer between transit providers? _____

11. What is the nearest transit stop(s) you typically use? Please list the approximate distance and cross-street. _____

12. Does/did proximity to transit influence where you live? _____

13. Would improved transit encourage you to move/stay? _____

14. If you receive transit vouchers or any other form of financial reimbursement for taking transit, how much do you receive? _____

15. Do you ever take your bicycle on the bus? If so, how many times per week? _____

16. What types of facilities would you like to see at your bus stop? (Circle all that apply.)

- Shelter
- Bench
- Schedule
- Lighting
- Garbage receptacles
- Other (please specify) _____

17. Which of the following factors plays a role in whether or not you ride the bus? (Circle all that apply.)

- | | |
|-------------------------|------------------------------------|
| Travel time | Reliability of the bus |
| Availability of seating | Saves money |
| Distance to bus stop | No other option for transportation |
| Number of transfers | Other (please explain) |
| Safety on the bus | _____ |

18. What would encourage you to take the bus more often?

- | | |
|--|--|
| Lower fares | Elimination of Metro's two zone system |
| Closer bus stop | Faster trips |
| Closer park and ride lot | Fewer transfers |
| More parking at park and ride lot | More convenient schedules |
| Less crowded buses | Nothing |
| Feeling safer on the bus | All |
| More bicycle storage on the bus | Don't know |
| No need to transfer between providers | Other (please specify) |
| Transit would travel to preferred destination(s) | _____ |

19. If you have children, do you take them on the bus with you? _____

20. What is your alternate mode of transportation when you do not ride the bus? Car, bicycle, walking? _____
