

Dutchess County Public Transit  
Transit Development Plan Survey  
2015

1. Do you ride the County Bus?          Yes                  No      (Select one. If No, go to # 13.)
  
2. What routes do you ride? (Select all routes you ride.)
  
  
  
  
  
  
  
  
  
3. How many times a week do you ride the bus? (Select the total number)
  
  
  
  
  
  
  
  
  
  
4. What stop do you depart from?
  
5. Where do you get off the bus?
  
6. What time do you depart?                                  What time do you return?
  
7. Do you ride the bus to work?          Yes                  No      (Select one.)
  
8. Do you own a car?                          Yes                  No      (Select one.)
  
9. Do you use a mobility device?          Yes                  No      (Select one.)
  
10. Do you buy a daily ticket?                  Yes                  No      (Select one.)
  
11. Do you buy a monthly commuter pass?          Yes                  No      (Select one.)
  
12. Do you buy a monthly anytime pass?          Yes                  No      (Select one.)
  
13. What time/day of the week would you ride and where to/from if it was available?  
  
Time                                                  Day(s): (Select all that apply.)  
  
From                                                  To
  
14. Do you know of anyone who would use the bus if it was available for his/her needs? If so, please give him/her a copy of this survey to complete, or visit our website at [www.Dutchessny.gov/publictransit](http://www.Dutchessny.gov/publictransit) to complete one online.
  
15. Would you like to be notified of schedule changes via email or cell phone? If so, enter your email and/or cell information below.

Optional:

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Name

Address

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Phone/Cell/Email

Please add additional comments below.