

**2018 Unmet Transit Needs
Comment Form**

Name*:

Email:

City*: Ph. Number:

Zip*:

During the past week (7 days), on how many days have you ridden the bus?

1 2 3 4 5 6 7

1. Which transit system(s) are you requesting improvements to?*

Fresno Area Express

FAX Handy Ride

Clovis Transit

Fresno County Rural Transit

Fresno Economic
Opportunities
Commission

Other:

2. Describe the transit improvement(s) you are requesting. To effectively evaluate your comment, please provide the nearest cross street (or area of town where you live), your destination, day of week, and approximate time of day that you are interested in making your trip.*

3. Describe the individuals who would need the service. Include age group, financial constraints, and whether they have disabilities that would require special services. *

Your comments will be compiled in a report on Unmet Transit Needs. If you provide your contact information, you will receive a notice once the report is available for review. Please return form to:

Bill Hyatt, SSTAC Chairman
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comment@fresnocog.org