



Public Comment Survey

Instructions: Please complete this survey to provide feedback on the proposed January 2018 Fixed Route Bus Fare Adjustment.

A. Tell us about yourself. (Optional)

All information provided is confidential and will not be shared. These questions are designed to assist the LCTA in ensuring that the public engagement process is inclusive and equitable.

Name:	ZIP Code:	Date:
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1. Which best describes you? (Check all that apply):

- Regular Transit Rider (# of bus rides per month: _____) Member of the Public
 Other: _____ LCTA Partner/Stakeholder

2. What is your race? (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Caucasian/White | |

3. What is your Annual Household Income?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$20,000 to \$19,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more |
| <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> Decline to identify |

4. The LCTA complies with all applicable non-discrimination rules and regulations. Please help us by checking any of these statements that apply to you:

- I am a disabled community member. I am older than 64 years of age.
 I do not own my own car. I am under the age of 18.
 My yearly income is less than \$25,000 (# of people in household ____).

B. Leave us feedback. Provide input on the fixed route bus fare adjustment. This feedback will help LCTA refine the plan.

1. How did you hear about the public meeting concerning the fixed route fare adjustment? (Check all that apply)

- LCTA Website Ad on Vehicle Ad at Intermodal Newspaper Social Media: _____

- Other: _____

2. Specify the LCTA bus route(s) you ride on a regular basis: _____

3. Please provide personal comments regarding the fixed route bus fare structure adjustment. If more space is needed, attach an additional sheet of paper. **PLEASE WRITE CLEARLY SO COMMENTS ARE LEGIBLE.**

***** If you want a response to your comment, fill in box below*****

Name: _____		
Phone: _____	Email: _____	_____

To submit your comments, please return this form to LCTA staff at the public meeting you are attending. Alternatively, you can mail or drop-off this form at the address printed below:

**Luzerne County Transportation Authority
Attn: Fare Adjustment
315 Northampton Street
Kingston, PA 18704**

LCTA will accept comments concerning the proposed fixed route bus fare adjustment until 5:00 PM on Thursday, December 7, 2017.

Thank you for your participation!

All comments will be reviewed and considered as part of the planning process.