



Dixon Read-Ride Survey

1. Where did your trip start?

- Work School
 Your Home Shopping
 Medical/Dental Social/Recreation
 Other _____

2. Where will you be dropped off?

- Work School
 Your Home Shopping
 Medical/Dental Social/Recreation
 Other _____

3. How would you have made this trip if you couldn't ride the bus?

- Would not have made trip Walk
 Drive alone Get a ride
 Bike Carpool/Vanpool
 Other _____

4. How often do you ride Read-Ride?

- 4-6 days per week Once a month or less
 2-3 days per week First time rider
 1 day every 1-3 weeks

5. What changes, if any, would you like to see to Read-Ride service?

- No changes
 Earlier morning service (starting at what time _____)
 Later evening service (ending at what time _____)
 Longer Saturday hours (starting ____ a.m. until ____ p.m.)
 Sunday service
 Service outside City Limits (to _____)
 Other _____

6. Please rate the service on this bus in each of the following categories:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>No Opinion</u>
Driver courtesy	<input type="checkbox"/>				
Cleanliness of vehicles	<input type="checkbox"/>				
On-time performance	<input type="checkbox"/>				
Cost of trip	<input type="checkbox"/>				
Availability of Intercity Connections	<input type="checkbox"/>				
Overall service	<input type="checkbox"/>				

7. How would you like to receive transit information?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Mail | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Notice on bus | <input type="checkbox"/> E-mail |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Other _____ |

8. Are there any other comments you would like to add about Read-Ride service or local transit options? _____

Please return this survey to your driver or to City Hall, 600 East A Street, by January 16, 2017.

Thank you for your participation.