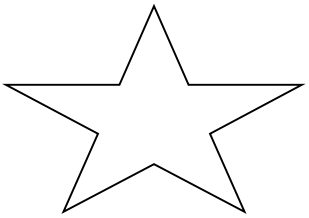

PHILLIPS TRANSIT AUTHORITY
PO Box 852
Malta, MT. 59538
406-654-5301

Consumer Survey

Name: _____(optional) Phone#_____(optional)

1. Do you use public transportation and if so, how many times per week? _____;

2. Which of the following means of transportation do you use most?

____ Phillips Transit Bus;
____ Van or car for specific riders;
____ Private vehicle i.e.: family, friends, neighbor;
____ Drive themselves;
____ Walk
____ Other: _____

3. Do you have any of the following limitations?
____ Age related disability;
____ Physical disability;
____ Cannot afford motor vehicle;
____ Remote location;
____ Developmental disability;
____ Visual impairment;
____ Hearing impairment;
____ Other: _____

4. Do you require special equipment? Yes, _____ No_____

5. How would you rate our bus drivers? (1=Great to 10=Poor.)

Please comment. _____

_____

6. How would you rate our dispatcher? (1=Great to 10=Poor.)

Please Comment. _____

_____

7. We invite any other comments, complaints, or suggestions you might have that would help us improve our service.
   Please comment.: _____

_____

_____

_____

_____

THANK YOU for taking the time to fill this out. The information you provide here will be used in obtaining funding through the State by way of grants. We appreciate all your support and patience. We will take all your comments, complaints, or suggestions into consideration as we evaluate our program and strive to improve.

THANK YOU to those of you who use our service and feel free to invite family and friends to give us a try. We could not do this without all of you.

In appreciation for your time in filling out this survey, your name will be entered into a drawing for a "Free Bus Pass"