

Transportation Services Needs Assessment Survey

Name (if you wish to include) _____

Phone Number (if you wish to be contacted regarding your survey) _____

Email Address (if you wish to be contacted regarding your survey) _____

Do you reside in a condominium or single-family home? _____

1. What is your average weekly shuttle bus usage? Select one.

I do not use the shuttle bus

1 time per week

2-3 times per week

4-6 times per week

7-10 times per week

More than 10 times per week

2. Do you use the shuttle bus only within city limits?

Yes

No

3. Do you use the shuttle bus to travel to the mall?

Yes

No

4. Is the shuttle bus your primary mode of transportation?

Yes

No

5. Do you have use of a motor vehicle?

Yes

No

6. Are you satisfied with the amount of time it takes to get to your destination?

Yes

No

7. Is there a destination that you would recommend for future consideration?

Yes

No

If yes, please specify: _____

Thank you for your feedback.

You may leave your completed survey with a driver, or you may drop it off or mail it to the City of Sunny Isles Beach Government Center, 18070 Collins Avenue, Sunny Isles Beach, FL 33160.