



Clare County Transit Corp.
Passenger Survey
Help us learn how to better serve you!

8/2012

Gender: Male Female Township in which you live in _____

Age: Under 18 18-29 30-39 40-49 50-59 60+

How often do you ride CCTC?

- Less than once per month 1-4 times per month 1-2 times per week
 3-5 times per week 6 or more times per week

If you haven't ridden in awhile, why not? _____

What would it take for you to ride more often? _____

Where do you go when riding CCTC? *(Select all that apply)*

- Shopping Where: _____
- Work Where: _____
- School Where: _____
- Medical Location Where: _____
- Dining/Entertainment Where: _____
- Government Building Where: _____
- Other Where: _____

Service	Very Good	Good	Fair	Poor	Don't Know
Operating Hours/Frequency of Service					
Waiting Time/On Time					
Convenient					
Reliable					
Safe & Friendly Drivers					
Fare Structure/Cost					
Courtesy & Knowledge of Dispatchers					
Management Resolution of problems					

Would you like us to contact you? Name: _____ Date: _____

Bus#: _____ Address: _____ Telephone: _____

Mail/Deliver to: CCTC 1473 Transportation Dr. Harrison, MI 48625 Or Hand to Driver

THANK YOU FOR YOUR TIME AND ASSISTANCE!

Please only one survey per passenger