



Dear Redwood City Survey Participant:

In partnership with the City of Redwood City, the Peninsula Traffic Congestion Relief Alliance is conducting this survey to determine potential shuttle service. We'd like to know if you'd use a shuttle service, and what routes would be most attractive to you.

By returning this survey and including your contact information, you will be automatically entered to win one of several prizes including \$50 gift certificates to Target and \$5 gift certificates from the Parks & Recreation Department for classes listed in the Recreation Activities Schedule.

Please complete this survey once and return it by November 18th. If more than one member of your household would like to complete the survey, please take it online at www.redwoodcity.org or get additional copies at your public library.

1) Do you travel to any of these locations on a regular basis, at least once a week? Please check all that apply:

Work School Senior Center Hospital Shopping Center Other _____

2) In the last week, how many round trips to and from your workplace, school or frequently traveled destination did you make?

5 or more trips a week 3-4 trips a week 1-2 trips a week less than once per week

3) How do you usually commute to work or get to the frequently traveled destination?

Drive alone Carpool or vanpool – drive with other passengers Caltrain BART SamTrans
 Walking/Biking Other (Please indicate other mode of transit not mentioned above) _____

4) What is your home zip code? _____

5) Which Redwood City destination do you live closest to? (Check only one)

Downtown near City Hall/Library Fair Oaks Community Center Kaiser Hospital
 Red Morton Community Center Redwood City Caltrain Station Sequoia Hospital
 Sequoia Station Shopping Center Veterans Memorial Senior Center
 Other (Please name other location not mentioned above, ex: Name of School, or Park) _____

6) What is the zip code of the city where you work or where the most frequently made trip usually ends? _____
Zip Code (or city name)

7) Have you ever used a shuttle service? Yes No

8) If a shuttle service is available in your neighborhood, what features are important to you? (Rank the following features with 7 being most important, 1 least important)

Reliability (shuttles arrive on time or take you on time)
 Information (about shuttle arrival time)
 Convenience (pick-up and drop-off locations)
 Travel time (between pick-up and drop-off)
 Cost (the amount you have to pay for a ride)
 Cleanliness of the shuttle
 Other _____

9) What would prevent you from using the shuttle at least once per week? _____

10) If we had to charge for the shuttle service how much would you be willing to pay to travel one-way? \$ _____

11) Various shuttle routes will be considered depending upon potential riders and route efficiency. The following locations may be included on the shuttle route. Please rank the locations from 9 being the most desirable to 1 being the least desirable.

- Downtown near City Hall/Library
- Fair Oaks Community Center
- Kaiser Hospital
- Red Morton Community Center
- Redwood City Caltrain Station
- Sequoia Hospital
- Sequoia Station Shopping Center
- Veterans Memorial Senior Center
- Other (Please indicate other location not mentioned above including schools) _____

12) If the shuttle service is free or charges an acceptable fare, offers acceptable wait, travel and scheduling times and pick-up and drop-off locations, how often would you be willing to use the shuttle service?

- 5 times a week or more 2-3 times a week Once a week Less than once a week Never

13) At what time (s) of day would you use the shuttle service?

- Early Morning, 6:00 a.m. – 8:00 a.m. Morning, 8:00 a.m. – 10:30 a.m. Mid-morning, 10:30 a.m. – Noon
- Afternoon, Noon – 2:00 p.m. Mid-afternoon, 2:00 p.m. – 4:00 p.m. Late Afternoon, 4:00 p.m. – 6:00 p.m.
- Evening, 6:00 p.m. – 8:00 p.m. After 8:00 p.m.

14) What is your current employment situation? Employed full-time Employed Part-time Retired

Student Not Employed

Please provide your contact information. Please print clearly. Name _____

Address _____

Your phone number may be used for verification. Surveys without a phone number will be considered invalid.

Home Phone Number: (650) _____

PLEASE FOLD ALONG THE DOTTED LINES AND SEAL THIS FORM USING TAPE. PLEASE DROP THIS QUESTIONNAIRE IN A MAIL BOX OR FAX THIS TO: 650/588-8171. YOU CAN ALSO TAKE THIS SURVEY ONLINE AT WWW.REDWOODCITY.ORG.

Peninsula Traffic Congestion Relief Alliance
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