

Hyde County Comprehensive Transportation Plan

Public Drop-In Meetings

Name: _____ Email Address: _____
(optional)

Telephone: _____
(optional)

Public drop-in location. Please check one.

- Ocracoke Community Center, February 28, 4-7 pm
- Swan Quarter Government Building, February 28, 4-7 pm

The following questions are in regards to any of tonight's displays and information. Please be specific as to which items or information your comments pertain.

1. What about the plan so far do you favor or dislike?

2. Do you have any concerns or surprises?

3. Do you have any additional recommendations?

Additional comments:

PLEASE USE THIS SHEET TO PROVIDE WRITTEN COMMENTS

You may leave your completed comment sheet with us tonight or mail to:

Lauren Nicholls
1554 Mail Service Center
Raleigh, NC 27699-1554

Please return by March 7, 2012.



Hyde County Transit Public Survey



Please help us serve you better by filling out this survey. Thank you!

1. Did you know that public transportation is available in Hyde County?

- Yes No

2. Have you or someone you know ever used Hyde County Transit?

- Yes, me Yes, someone I know No

The mission of Hyde County Transit is to provide quality mobility opportunities in a safe, ethical, and financially sound matter.

2a. If yes, where does your/their usual trip begin and where does it end?

2b. If yes, how often do you/they use this service?

- Daily
 Once a week or more
 Once a month or more
 No set schedule

2c. If yes, would you/they use Hyde County Transit again?

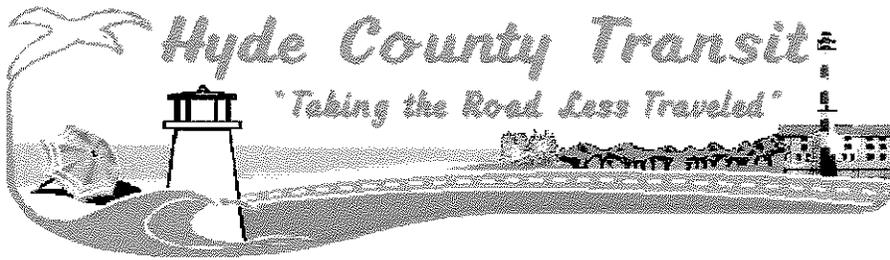
- Yes No

3. Are there locations inside or near Hyde County that need public transportation service? Please provide town and destination. (ex. Ocracoke Village, employer)

4. Is there anything Hyde County Transit could improve on?

- Making reservations to ride Hours of service Other _____
 Waiting time for bus/van Cost to ride _____

Optional: Your name and address. Please write any additional comments on the back.



Hyde County Transit 5-Year Community Transportation Service Plan

Comment Sheet
February 28&29, 2012

Please provide any comments about the 5-Year Plan

Area for providing comments about the 5-Year Plan, consisting of multiple horizontal lines for text entry.



Hyde County Transit Rider Survey



Dear Rider,

Hyde County Transit (HCT) wants to serve you better. Please take a few minutes to fill out this survey.

Thank you!

Please rate Hyde County Transit's service.

	Very Good	Good	Okay	Poor	Don't Know
Making reservations to ride	<input type="checkbox"/>				
Waiting time for bus/van	<input type="checkbox"/>				
Bus/van keeping schedule	<input type="checkbox"/>				
Hours of service	<input type="checkbox"/>				
Length of trips	<input type="checkbox"/>				
Cost to ride	<input type="checkbox"/>				
Security and safety	<input type="checkbox"/>				
Cleanliness / comfort of buses/vans	<input type="checkbox"/>				
Friendliness of drivers	<input type="checkbox"/>				
Service easy to use	<input type="checkbox"/>				
My overall rating of HCT	<input type="checkbox"/>				

What can we do better?

	Very Important	Somewhat Important	Not Important
Less advance time required to schedule a trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have less waiting time during trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have more hours / days of service If so, when _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to more places If so, where _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



TITLE VI PUBLIC INVOLVEMENT FORM

Completing this form is **completely voluntary**. You are not required to provide the information requested in order to participate in this meeting.

Meeting Type:	Date:
Location:	
TIP No.: N/A	
Project Description:	

In accordance with Title VI of the Civil Rights Act of 1964 and related authorities, the North Carolina Department of Transportation (NCDOT) assures that no person(s) shall be excluded from participation in, denied the benefits of, or subjected to discrimination under any of the Department's programs, policies, or activities, based on their race, color, national origin, disability, age, income, or gender.

Completing this form helps meet our data collection and public involvement obligations under Title VI and NEPA, and will improve how we serve the public. Please place the completed form in the designated box on the sign-in table, hand it to an NCDOT official or mail it to the NCDOT Office of Civil Rights, Title VI Section at 1511 Mail Service Center, Raleigh, NC 27699-1511.

All forms will remain on file at the NCDOT as part of the public record.

Zip Code: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Name: (i.e. Main Street) _____	Age: <input type="checkbox"/> Less than 18 <input type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input type="checkbox"/> 30-44
Total Household Income: <input type="checkbox"/> Less than \$12,000 <input type="checkbox"/> \$47,000 – \$69,999 <input type="checkbox"/> \$12,000 – \$19,999 <input type="checkbox"/> \$70,000 – \$93,999 <input type="checkbox"/> \$20,000 – \$30,999 <input type="checkbox"/> \$94,000 – \$117,999 <input type="checkbox"/> \$31,000 – \$46,999 <input type="checkbox"/> \$118,000 or greater	Have a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (please specify): _____

How did you hear about this meeting? (newspaper advertisement, flyer, and/or mailing) _____

For more information regarding Title VI or this request, please contact the NCDOT Title VI Section at (919) 508-1808 or toll free at 1-800-522-0453, or by email at slipscomb@ncdot.gov.

Thank you for your participation!