



Sheboygan County Transportation Options Survey

Sheboygan County along with Bay-Lake Regional Planning Commission is conducting this survey as part of “*Transportation Planning/Feasibility Study*” to better understand the transportation needs for the residents in Sheboygan County. The study aims to develop specific recommendations for a suitable transportation service, as well as the fare structure, hours, and frequency of service.

The study is focused on service options that will be considered based on the results of this survey. The service options are defined below:

- **Fixed Route Transit:** A mass transit solution in which buses follow a published route with bus stops along the route. This type of system brings together many routes into a central transfer point (or several transfer points) for connecting to other routes.
- **Paratransit:** A mode of public transportation intended for those who cannot be served by the fixed route transit service due to disabilities. This service typically requires an application to qualify to use, and trips need to be scheduled ahead of time. Paratransit service is required to be provided within $\frac{3}{4}$ of a mile of fixed route service.
- **Micro-transit:** A “flexible” transportation option somewhere between private individual transportation such as cars or taxicabs and public mass transit such as a bus. Micro-transit allows agencies to offer riders an on-demand option that is more flexible than designated fixed routes and that does not require advance appointments, -like paratransit.
- **Shared-Ride Taxi:** A transit solution where customers share a ride with other customers going to and from the same destinations or destinations located near each other. The cost of the trip is usually shared between the provider and the customer. This is a type of “on-demand” service and can either require advance or real-time reservations.

Your feedback will help determine if there is enough demand for one of these services, and, if so, the best operating times and destinations for the service.

Please complete the survey via mail by July 3rd, 2023. It can be mailed to the address below:

Sheboygan County
County Administrator’s Office
508 New York Avenue
Sheboygan, WI 53081

Two Lucky winners will receive \$25 Chamber cash from Sheboygan County to participate in this survey. If you would like a chance to win, please fill in the survey with your name and contact information. To maintain confidentiality, this page will be separated from your questionnaire page when it is received in the County Extension Office.

Name: _____

Email or Phone Number: _____



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This survey will take 5-10 minutes to complete. Thank you for your time.

1) Where do you currently live? City/Town/Village: _____

2) If you are employed, where do you work? _____

3) Do you have access to a vehicle? (Select only one bubble)

- Yes (Always)
- Sometimes
- No (Never)

4) If you don't have access to a vehicle, how often in the last month were you not able to get somewhere due to a lack of transportation? (Select only one bubble)

- More than 10 times
- 6-10 times
- 5 times or less
- Never

5) When would you use a transportation service? (Select all that apply)

- Weekday AM and PM (Peak time)
- Weekend AM and PM
- Weekday mid-day
- Evenings

6) How often would you use a transportation service? (Select only one bubble)

- Daily
- 1-3 times a week
- 4-6 times a week
- Never, or almost never

7) Where do you like to go generally and for what reason? (Place a checkmark or comment in all the boxes that apply)

| | Employment | Shopping | Medical Appt. | Entertainment/Socializing | School/College |
|-----------------------|------------|----------|---------------|---------------------------|----------------|
| C. of Sheboygan | | | | | |
| C. of Sheboygan Falls | | | | | |
| C. of Plymouth | | | | | |
| V. of Kohler | | | | | |
| Others (Please name) | | | | | |
| | | | | | |

8) If transportation service was available in Sheboygan County, what would your destinations be? Please list specific landmarks or cross streets, do not provide general answer such as "doctor" or "grocery store". (Please mention the top 3)

- _____
- _____
- _____

9) Which age group do you belong to? (Select only one bubble)

- 12 - 18
- 19 - 24
- 25 - 45
- 46-59
- 60 - 74
- 75 +

10) Do you have a disability or mobility impairment? (Select only one bubble)

- Yes
- No
- Prefer not to answer

11) Did you serve in the U.S. Armed Forces? (Select only one bubble)

- Yes
- No