

MILPITAS TRANSPORTATION PLAN FEEDBACK FORM

Thank you for taking the time to complete this form!

Please submit today or mail to:

ATTN AIKO CUENCO
VALLEY TRANSPORTATION AUTHORITY
3331 N 1ST ST BLDG B
SAN JOSE CA 95134-9954

1. What is your age? _____

2. Where do you live?
(Street address and/or neighborhood)

3. Where are the three places you travel to most in Milpitas? How do you get there?

Destination (library, work, school, etc):	Mode of travel (car, bike, bus, walk, etc):
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1. _____

2. _____

3. _____

4. Do you currently own (or lease) a vehicle?

Y N

5. Select your top three transportation concerns:

- Lack of transit service in your area
 - Traffic congestion
 - Late night/early morning bus/light rail service (after 10 p.m. or before 6 a.m.)
 - Personal safety while walking or biking
 - Costs (fares, gas, etc.)
 - Bus/light rail frequency
 - Reliability of public transit
 - Lack of available transportation information
 - Lack of pedestrian/bicycle facilities (bridge, sidewalk, cross walk, bike lane/path, bike parking, etc.)
- Where: _____
- School Transportation
- Where: _____
- No concerns; transportation works well now

6. Please use the space below to note any other concerns or suggestions to improve transportation in Milpitas.

