



**Application for ACCESS Advisory Committee**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone # \_\_\_\_\_

1. Are you a SunLine Customer? \_\_\_/ Yes \_\_\_/ No

2. What percentage of your trips is made by?

Auto: \_\_\_/ 25% \_\_\_/ 50% \_\_\_/ 75% \_\_\_/ 100%

SunBus: \_\_\_/ 25% \_\_\_/ 50% \_\_\_/ 75% \_\_\_/ 100%

SunDial: \_\_\_/ 25% \_\_\_/ 50% \_\_\_/ 75% \_\_\_/ 100%

3. Are you affiliated with any agency that would benefit from the ACCESS Advisory Committee? \_\_\_/ Yes \_\_\_/ No

Agency name \_\_\_\_\_

4. Why are you interested in joining this committee? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. What are some of your ideas for improving accessibility of public transportation? \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_