

RIDERS ADVISORY COUNCIL APPLICATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

JURISDICTION: *(check one)*

Anne Arundel Co. City of Laurel Howard Co. Prince George's Co.

EMAIL: _____ PHONE #: _____

1. Which RTA route/service do you ride? *(check all that apply)*

Route 301 Route 302 Route 401 Route 402A/B Route 403
 Route 404 Route 405 Route 406 Route 407 Route 408
 Route 409 Route 414 Route 501 Route 502 Route 503
 ADA Paratransit GPT

2. In an average week, how many times do you ride RTA? _____

3. What do you use RTA bus service for? *(check all that apply)*

Commute work/school Social/recreational Personal Business Medical
 Other _____

4. Do you consider yourself transit-dependent?

Yes No

5. Please provide a brief statement outlining why you wish to serve on the Riders Advisory Council (RAC). Include your community involvement/volunteer activities.

6. Do you have any experience and familiarity with regional transit issues?

Yes No