



# SENIOR TRANSPORTATION PROGRAM – Public Input Survey

Name: \_\_\_\_\_

SMP ID#: \_\_\_\_\_

Are you currently a registered user for the California Yellow Cab Service?  Yes  No

Have you used the California Yellow Cab Service?  Yes  No

Please Mark Below. (1 = Never, 5 = Always)

If so, how often did you use the service? 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_

How satisfied are you with the service?

Please Mark Below. (1 = Not Satisfied, 5 = Very Satisfied)

Reservation 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_

Driver 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_

Customer Service 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_

Hours of Operations 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_

What are you MOST satisfied with?

What are you LEAST satisfied with?

**Prior Shuttle Service (North Seal Beach and/or Thursday Shopper Service)**

Have you used the prior Shuttle Service?  Yes  No

Please Mark Below. (1 = Not Likely, 5 = Very Likely)

How likely would you use a shuttle service? 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_

How likely would you use the current California Yellow Cab service if a shuttle service was included? 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_

Additional Comments:

May we contact you for additional feedback?  Yes  No

If so, please provide an email and/or phone number that we can best reach you at:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please return this survey by **October 31, 2020**

City of Seal Beach - 211 8<sup>th</sup> Street, Seal Beach, CA 90740 or [ilee@sealbeachca.gov](mailto:ilee@sealbeachca.gov)