



Application for ACCESS Advisory Committee

Name _____

Address _____

City _____ State _____ Zip _____

Primary 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 _____