**TOWN OF CHESTER**

**DIAL-A-BUS USE SURVEY**

PLEASE INDICATE YOUR INTEREST IN USING THE TOWN OF CHESTER DIAL A BUS PROGRAM.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FREQUENCY OF USE (DAILY, X PER WEEK, MONTHLY, ETC.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PLEASE EMAIL TO: [LZAPPALA@THETOWNOFCHESTER.ORG](mailto:LZAPPALA@THETOWNOFCHESTER.ORG), FAX TO 845-469-9242, OR DROP OFF AT TOWN CLERK’S OFFICE, CHESTER TOWN HALL, 1786 KINGS HIGHWAY, CHESTER, NEW YORK 10918

THANK YOU FOR YOUR PARTICIPATION. THIS INFORMATION WILL BE USED IN DETERMING ANY CHANGES TO OUR SERVICE.