Geographic Area Coverage (B-15) DR DO

There are currently no open issues on this form.

- ∨1. Do you serve residents in another State besides your State?
- Yes

_

O No

~2. Select the Counties that you serve, either in whole or in part, where you pick up residents for a new trip origination.

State	County	Add All Census Designated Places (CDPs) within County	Remove
	No County Selected		
◆ Add			

∨3. Select Census 'Places' served in these counties; indicate whether these Places (e.g., Township) are served, and whether these Places are partially or wholly served.

0

Place	Service Level	Remove
	Places Selected	

requirements for a fixed rout	te system?			Edward Committee of the Committee of the	
Yes					
◆ No >5. If yes to #4, is your service	e area limited to the ADA c	omplementary parat	ransit distance for:		
A. Your own NTD Reporter ID					
Yes					
○ No					
B. Select all those that are not your NTD Repo	orter ID				
NTD ID					
					SEARCH
Results					
NTD ID	Reporter Name			State	
		No items available			
					ADD

√4. Is your demand response service intended to meet the Americans with Disabilities Act (ADA) complementary paratransit

☐ NTD ID	Reporter Name	State
	No items available	
		REMOVE
√6. Within your service area, deservice?	lo you have different passenger eligibility	requirements or different terms and conditions of
Yes No		
∨7. Which days per week do yo	ou operate?	
Monday Tuesday Wednesday Thursday Friday Saturday Saturday	anta Davo of the Week! button	
Select one or more days of the week and press the 'Cre	eate Days of the Week' button.	CREATE DAYS OF THE WEEK

NTD IDs Associated with B-15

∨8. For each day of the week, what are your hours of operation, and is your service open to:

Enter the time in format: HH:MM. If the Service End Time is after 12am the following day, check the box labeled Ends Next Day.

Day of the Week	Service Begin Time	Service End Time	Ends Next Day	Complementary Paratransit Eligible ②	Age or Disability 🕡	General Population 🕡		
No Days Of Operation Selected								
~9. What is the minimum advanced reservation time for your service? Select days or hours.								
24								
Hours								

∨10. What is the fare charged?

O Days

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