SECTION 5311 - RURAL TRANSIT DATA COLLECTION SHEET

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DEMAND RESPONSE ROUTE

*** Indicates information required by ODOT. All pick-up and drop-off odometer readings must be shown to the 10th of a mile.**

*TRANSIT NAME: **FIRST CAPITAL TROLLEY**

DRIVER'S NAME: _____

*DATE: _____ / _____ / _____ PASSENGER SEATS: _____

* ENDING ODOMETER: _____ _____

VEHICLE ID: _____* ROUTE ID 42-04

* BEGINNING ODOMETER: _____ _____

ROUTE ID	NAME / ORIGIN	DESTINATION	PASS. TYPE	TRIP PURP.	FARE		*ODOMETER		TIMES	
					Cash	Pass	*Pick-Up	*Drop-Off	Pick-Up	Drop-Off

PASSENGER TYPE CODE: P=Passenger; D=Passenger with Disability; E=Elderly Passenger; B=Elderly Passenger with Disability; MD=Meal Delivery

TRIP PURPOSE CODES: M= Medical; E= Employment; N= Nutrition; S= Social/Recreational; ED= Education; SH= Shopping; RW= Road to Work; TF= TANF Logan O= Other/Non-Responsive; DRS= Department of Rehabilitation Services; FG= Foster Grandparents; TP= TANF Payne; NW= Northwest Behavioral Center; AG= Logan County Aging Services

DRIVER'S CERTIFICATION: I hereby certify that the foregoing is true and correct in accordance with our records.

***Driver's Signature** _____