

**Torres, Genara**

TO #12091

**From:** judyrife@verizon.net  
**Sent:** Thursday, January 20, 2011 7:40 AM  
**To:** Van Duyne, Sheree  
**Cc:** Torres, Genara  
**Subject:** Freedom of Information Online Request Form

**Information:**

**First Name:** Judy  
**Last Name:** Rife  
**Company:** Times Herald-Record  
**Mailing Address 1:** 49 Mulberry St.  
**Mailing Address 2:**  
**City:** Middletown  
**State:** NY  
**Zip Code:** 10940  
**Email Address:** [judyrite@verizon.net](mailto:judyrite@verizon.net)  
**Phone:** 845-534-2017  
**Required copies of the records:** Yes

**List of specific record(s):**

Please consider this a request for a copy of the survey that Port Authority staff distributed to bus commuters at the Port Authority Bus Terminal in late December 2010 or early January 2011. Thank you.



**THE PORT AUTHORITY OF NY & NJ**

March 10, 2011

*Sheree Van Duyne  
Acting FOI Administrator*

Ms. Judy Rife  
Time Herald-Record  
49 Mulberry St.  
Middletown, NY 10940

Re: Freedom of Information Reference No. 12091

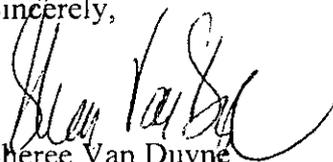
Dear Ms. Rife:

This is a response to your January 20, 2011 request, which has been processed under the Port Authority's policy on Freedom of Information (the "Policy," copy enclosed) for a copy of the survey that Port Authority staff distributed to bus commuters at the Port Authority Bus Terminal on December 2010 or early January 2011.

Material responsive to your request and available under the Policy, which consists of 6 pages, is enclosed, for a \$1.50 photocopying charge for this material (25¢ per page). Payment should be made in cash, certified check or money order payable to "The Port Authority of New York & New Jersey" and should be sent to my attention at 225 Park Avenue South, 17<sup>th</sup> Floor, New York, NY 10003.

Please refer to the above FOI Reference number in any future correspondence relating to your request.

Sincerely,

  
Sheree Van Duyne  
Acting FOI Administrator

Enclosure

225 Park Avenue South  
17<sup>th</sup> Floor  
New York, NY 10003  
T: 212-435-7348 F: 212-435-7555

# THE PORT AUTHORITY OF NY & NJ

## PORT AUTHORITY BUS TERMINAL FALL 2010 CUSTOMER ATTITUDE STUDY

Dear Customer,

The Port Authority conducts an ongoing program to solicit your opinions about the Bus Terminal and the bus companies so we can prioritize our efforts to address your most important concerns. Once again, we would like to know what you think about the Bus Terminal, your travel experience, and bus companies. Even though you may have participated in the past, please help us again by taking a few minutes on your way home to complete this year's survey. If you are completing the survey for the first time, we appreciate your input.

As we did before, a report will be made available to each bus travel customer so you can see how your responses contributed to the overall effort. By completing this questionnaire you will also be entered in a drawing to win **one of three cash prizes of \$250.\***

Please answer each question carefully and when you finish, please return the completed questionnaire to the survey representative on the bus.

Thank you for your help and cooperation. We truly appreciate and value your feedback!

Gail Davis  
Operations Manager, Lincoln Tunnel/PA Bus Terminal

**1. How often do you use the Port Authority Bus Terminal? (Please check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> 5 or more days per week | <input type="checkbox"/> Less than once per month to once a year |
| <input type="checkbox"/> 1-4 days per week       | <input type="checkbox"/> Less than once a year                   |
| <input type="checkbox"/> 1-3 days per month      |  |

**2. How long have you been using the Port Authority Bus Terminal? (Please check one)**

- |   |   |
|---|---|
| <input type="checkbox"/> Within the past two years                    | <input type="checkbox"/> More than four years but less than six years |
| <input type="checkbox"/> More than two years but less than four years | <input type="checkbox"/> More than six years                          |

**3. What is the main purpose of your trip today? (Please check one)**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Work/Commuting                                       | <input type="checkbox"/> School      |
| <input type="checkbox"/> Company Business, e.g., meeting, service call, sales | <input type="checkbox"/> Recreation  |
| <input type="checkbox"/> Personal Business, e.g., medical, visiting           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Shopping   | (Please specify)                     |

**4. Are you: (Please check one)**     Male     Female

**5. Please tell me your age? (Please check one)**     Under 25     25-44     45-64     65 and over

**6a. Which of the following employment categories best describes you? (Please check one)**

- |  |  |                                  |                                  |
|--|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Employed in an office | <input type="checkbox"/> Employed at home            | <input type="checkbox"/> Student | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Homemaker             | <input type="checkbox"/> Unemployed/Looking for work | <input type="checkbox"/> Other   |                                  |

**6b. If employed, which of the following best describes your line of work? (Please check one)**

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Owner/Managerial/Professional        | <input type="checkbox"/> Clerical      | <input type="checkbox"/> Sales/Retail      | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Transportation/Utilities/Warehousing | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Health Technician | <input type="checkbox"/> Other        |

\* Note: Employees of the Port Authority of NY & NJ, PATH, participating consultants involved in the study, or members of their families will not be eligible to win the prize.

7. We would like to know how you feel about the importance of various aspects of your experience with the Port Authority Bus Terminal. For each of the following issues, please check the appropriate box indicating how important that issue is to you personally.

	EXTREMELY IMPORTANT	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT VERY IMPORTANT	NOT AT ALL IMPORTANT
<b>TERMINAL FACILITY/SERVICES</b>					
Lighting	<input type="checkbox"/>				
Heating, ventilation, air conditioning	<input type="checkbox"/>				
Reliability of escalator and elevator service	<input type="checkbox"/>				
Cleanliness of restrooms	<input type="checkbox"/>				
Restrooms overall	<input type="checkbox"/>				
Cleanliness of public areas	<input type="checkbox"/>				
Signing (locating stores, platforms, gates)	<input type="checkbox"/>				
Public address announcements	<input type="checkbox"/>				
Bus platform	<input type="checkbox"/>				
Ease of pedestrian movement	<input type="checkbox"/>				
Availability of seating in terminal	<input type="checkbox"/>				
Staffed Information Booths in terminal	<input type="checkbox"/>				
Port Authority Baggage Assistance Staff	<input type="checkbox"/>				
Taxi dispatching	<input type="checkbox"/>				
Quality/variety of food and beverage services	<input type="checkbox"/>				
Music in terminal	<input type="checkbox"/>				
Quality/variety of retail shops and services	<input type="checkbox"/>				
Information on electronic message signs	<input type="checkbox"/>				
Holiday entertainment and special events	<input type="checkbox"/>				
<b>SAFETY/SECURITY ISSUES</b>					
Police visibility	<input type="checkbox"/>				
Police effectiveness	<input type="checkbox"/>				
Police courtesy	<input type="checkbox"/>				
Safety in restrooms	<input type="checkbox"/>				
Safety on bus platform you used today	<input type="checkbox"/>				
Safety walking through terminal	<input type="checkbox"/>				
Safety in streets around terminal	<input type="checkbox"/>				
Safety in subway near terminal	<input type="checkbox"/>				
Safety on the bus	<input type="checkbox"/>				
<b>YOUR BUS COMPANY</b>					
Reliable, on-time service	<input type="checkbox"/>				
Frequency of service	<input type="checkbox"/>				
Bus fare	<input type="checkbox"/>				
Courtesy of bus drivers	<input type="checkbox"/>				
Courtesy of ticket agents in terminal	<input type="checkbox"/>				
Availability of seating on the bus	<input type="checkbox"/>				
Automated bus ticket vending machines	<input type="checkbox"/>				
Staffed ticketing facilities	<input type="checkbox"/>				
Space for you on the bus platform	<input type="checkbox"/>				
Lines for your bus aren't too long	<input type="checkbox"/>				



9. Over the past 3 to 4 months, were you bothered by the presence of the following in the Port Authority Bus Terminal?

	NO	HARDLY EVER	SOME-TIMES	OFTEN	DON'T KNOW
Panhandlers, beggars or homeless	<input type="checkbox"/>				
Drunks/Substance abusers	<input type="checkbox"/>				
People using obscene language or verbal threats	<input type="checkbox"/>				
'Hustlers' offering to carry luggage	<input type="checkbox"/>				

10a. Considering the Port Authority Bus Terminal as a whole, how would you rate the Terminal with respect to YOUR personal safety from crime? (Please check one)

- Very safe                       Somewhat safe                       Unsafe  
 Safe                               Somewhat unsafe                       Very unsafe

10b. And considering the Port Authority Bus Terminal as a whole, how would you rate the Terminal with respect to YOUR security from an act of terrorism/breach of security? (Please check one)

- Very secure                       Somewhat secure                       Insecure  
 Secure                               Somewhat insecure                       Very insecure

11. If you could make any THREE improvements at the Port Authority Bus Terminal, what would be your first, second and third choice? Use the list below but if your choices do not appear on this list, please write them in the space provided.

Write in (Please specify)	FIRST CHOICE (CHECK ONE ONLY)	SECOND CHOICE (CHECK ONE ONLY)	THIRD CHOICE (CHECK ONE ONLY)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THE TERMINAL**

Improve space on bus platforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve air quality/better ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide better food and beverage services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve cleanliness of terminal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide more seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BUS SERVICE**

Add more buses/more frequent service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve on-time performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve night service/extend hours of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide better passenger drop off when morning delays are severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve bus driver courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide more ticket locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CUSTOMER SERVICE**

Clear information regarding schedules/bus lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide information about late or missing buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove discourteous ticket agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove discourteous information agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve signage for buses and gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide more personnel for information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERSONAL SAFETY AND SECURITY AT THE STATION**

Provide more police at the station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove individuals with disruptive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Overall, how would you rate your experience traveling through the Port Authority Bus Terminal TODAY? (Please check one)

Very good       Good       Fair       Poor       Very Poor

13. Regarding your bus trip TODAY, how would you rate the overall quality of service provided by your bus company/carrier? (Please check one)

Very good       Good       Fair       Poor       Very Poor

14. Overall, how would you rate your total door-to-door trip TODAY including traveling through the Port Authority Bus Terminal? (Please check one)

Very good       Good       Fair       Poor       Very Poor

15. Please check the boxes indicating whether or not you used the following services at the Port Authority Bus Terminal within the past 3 to 4 months.

	YES	NO
Staffed information booths in the Terminal	<input type="checkbox"/>	<input type="checkbox"/>
Public telephones	<input type="checkbox"/>	<input type="checkbox"/>
Restrooms	<input type="checkbox"/>	<input type="checkbox"/>
Staffed ticketing facilities	<input type="checkbox"/>	<input type="checkbox"/>
Automated bus ticket vending machines	<input type="checkbox"/>	<input type="checkbox"/>
Taxi dispatching	<input type="checkbox"/>	<input type="checkbox"/>
Request for police assistance	<input type="checkbox"/>	<input type="checkbox"/>
Seating	<input type="checkbox"/>	<input type="checkbox"/>
Lost and Found	<input type="checkbox"/>	<input type="checkbox"/>

16. Under the general services column, please check the one box that indicates the best way to communicate general service advisories to you and, under the construction advisories column, the one box that indicates the best way to communicate construction advisories to you.

**BEST WAY TO COMMUNICATE**  
**GENERAL SERVICES?**      **CONSTRUCTION ADVISORIES?**

	<u>GENERAL SERVICES?</u>	<u>CONSTRUCTION ADVISORIES?</u>
Automated bus information telephone line	<input type="checkbox"/>	<input type="checkbox"/>
Public address announcements	<input type="checkbox"/>	<input type="checkbox"/>
Port Authority Website	<input type="checkbox"/>	<input type="checkbox"/>
Public service ads in newspapers	<input type="checkbox"/>	<input type="checkbox"/>
Public service ads on the radio	<input type="checkbox"/>	<input type="checkbox"/>
Brochures and take-one cards	<input type="checkbox"/>	<input type="checkbox"/>
Posters	<input type="checkbox"/>	<input type="checkbox"/>
Customer Connection 1-800 number	<input type="checkbox"/>	<input type="checkbox"/>
Email alerts	<input type="checkbox"/>	<input type="checkbox"/>

17. In a typical month how often do you purchase each of the items listed below in the Port Authority Bus Terminal? (Please check one answer per item)

	At least 4 times per month	2-3 times per month	One time per month	Less than one time per month	Never
Food or beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail merchandise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail services (shoe repairs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Products from Push Carts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal care/pharmacy items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18. Which, if any, of the following businesses would you use if they were available in the Port Authority Bus Terminal? (Please check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Children's Apparel & Accessories   | <input type="checkbox"/> Women's Shoes            | <input type="checkbox"/> Jewelry & Watches       |
| <input type="checkbox"/> Men's Apparel & Accessories        | <input type="checkbox"/> Sporting Goods & Fitness | <input type="checkbox"/> House wares             |
| <input type="checkbox"/> More Women's Apparel & Accessories | <input type="checkbox"/> Bath & Beauty Specialty  | <input type="checkbox"/> Any specific companies? |
| <input type="checkbox"/> Music & Entertainment (CDs/DVD's)  | Store   | _____  |

(Please specify)

**19. Where are you coming from right now?**

- |                                 |  |  |
|---------------------------------|--|--|
| <input type="checkbox"/> Home   | <input type="checkbox"/> Shopping            | <input type="checkbox"/> Personal Business |
| <input type="checkbox"/> Work   | <input type="checkbox"/> Recreational/Social | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> School |  | (Please specify)                           |

**20. What are the cross-streets and zip code of that place? For example, if you're coming from work, tell us the cross streets and zip code of where you work. If coming from home, tell us the cross streets and zip code of where your home is. If you do not know the zip code, please indicate the town and state or borough.**

_____	_____	_____	_____
(Avenue/Street)	(Street)	Zip Code	Town/State/Borough

**21. How did you get to the Port Authority Bus Terminal from that place? (Please check all that apply)**

- |                                 |                                      |                                      |
|---------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Subway | <input type="checkbox"/> Private Car | <input type="checkbox"/> Walk        |
| <input type="checkbox"/> Bus    | <input type="checkbox"/> Carpool     | <input type="checkbox"/> Ferry       |
| <input type="checkbox"/> Train  | <input type="checkbox"/> Car Service | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Taxi   |                                      | (Please specify)                     |

**22. Would you say that today is a "typical" commuting day for you in most respects?  Yes  No**

**23. And finally, what is your home state?  New Jersey  New York  Other: \_\_\_\_\_**  
(Please specify)

**If you would like to have your name entered in a drawing for one of three cash prizes of \$250\*, please provide your name, address and phone number below.**

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

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_  Business  Home

Email: \_\_\_\_\_  Business  Home

**May we contact you to participate in future Port Authority of NY/NJ travel surveys? Information will be used only for Port Authority of NY/NJ surveys. (Check all that apply)**

- Yes, by email to \_\_\_\_\_@\_\_\_\_\_
- Yes, by regular mail to the address given above
- No, I don't want to be contacted

THANK YOU FOR TAKING THE TIME TO SHARE YOUR OPINIONS WITH US.

<http://www.panynj.gov>

\* Note: Employees of the Port Authority of NY & NJ, PATH, participating consultants involved in the study, or members of their families will not be eligible to win the prize.