

PTAG May 2nd and June 6th totals

Which best describes you:

(count)	20	1	6	0	8
	An employee	Business owner	Frequent visitor	Property Owner	Other
(percentage)	57%	3%	17%		23%

How often do you park your vehicle on-street?

(count)	10	3	9	11	1
	6-5 days a week	4-3 Days a week	2-1 Days a week	Infrequently	Never
(percentage)	29%	9%	26%	32%	3%

How often do you park your vehicle off-street in a lot or garage?

(count)	10	10	3	4	8
	6-5 days a week	4-3 Days a week	2-1 Days a week	Infrequently	Never
(percentage)	29%	29%	9%	11%	23%

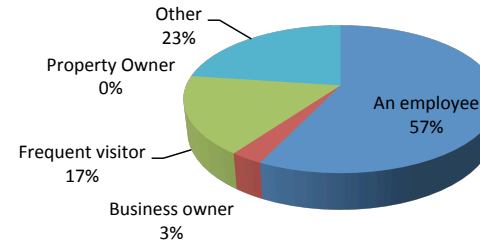
How often do you use alternative modes of transportation (transit, bike, carpool, or walk)?

(count)	1	5	0	10	19
	6-5 days a week	4-3 Days a week	2-1 Days a week	Infrequently	Never
(percentage)	3%	14%		29%	54%

Please rate your daily parking experience:

(count)	3	10	10	10	1
	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
(percentage)	9%	29%	29%	29%	3%

Which best describes you:



Please rate your daily parking experience

