

## NFTA Metro CITIZEN ADVISORY COMMITTEE APPLICATION

Name:	nme: Home Telephone:			
Home	Address:			
				County:
Email:				_
Inc	dicate the various services y	ou use		Indicate frequency of use
	PAL			
	Fixed Route			☐ Frequent (+2 times/week)
	Express Service			□ Sometimes (1-4 times/month)
	Monthly Pass Holder			□ Rarely (1-12 times/year)
	Park-&-Ride Lots			
	Other			
Sta				ons for wanting to be a member of the CAC. Youring your response, keep the following questions in
•	What is your purpose in joining the CAC? What will you contribute to the CAC? What public transportation issues and concerns are important to you? How will you communicate the information and ideas discussed at the CAC to your community?			
Appli	icant's Signature			Date:

Please mail this application to:

NFTA Metro 181 Ellicott Street, Buffalo, New York 14203 Attn: NFTA Metro Citizen Advisory Committee