



## Customer Advisory Committee Application

TARTA supports the concept of balanced representation in regard to filling vacancies on this committee and every effort will be made to appoint members who represent our diverse community, including residents of many ethnic groups as well as people with disabilities.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address : \_\_\_\_\_ Apartment/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Can you commit to in-person meetings? Yes No

Do you require accommodation in order to participate in meetings? Yes No

If so, please list them below.

What TARTA routes and/or services do you most frequently use? How often?

Describe your experience with transit in general or TARTA specifically.

Describe your reasons for wanting to participate in the Customer Advisory Committee. What type of role do you think you could play?



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As a member of the Customer Advisory Committee, what kind of feedback could you provide TARTA?

How would you update your community about what you will learn as a Customer Advisory Committee member?

Check Appropriate Choice(s):

Ethnicity:

- ☐ Asian
- ☐ Black
- ☐ Hispanic
- ☐ Caucasian
- ☐ Other

Gender:

- ☐ Female
- ☐ Male
- ☐ Other

Do you identify as having a disability?      Yes      No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If printing this application, please complete all sections and send the completed form back to [customer-relations@tarta.com](mailto:customer-relations@tarta.com). Thank you.*