

Date: \_\_\_\_\_ ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No.     H    

Name     ROBERT LEWIN      
Address     W WASHINGTON      
    53703         AVE    

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):


Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: May 11, 2016

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. H

Name Melanie Foxworth

Address Lakeland Ave  
Madison WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Empty box for comments related to the item on the agenda.

Name, address and telephone number of each person or organization you are representing:

Empty lines for name, address and telephone number of each person or organization represented.

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 05/11/16 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Yvonne Schwinge  
Address S. Franklin St  
Madison, WI

Agenda No. 4 (fare increase)

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):


Name, address and telephone number of each person or organization you are representing:

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Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Good evening. My name is Yvonne Schwinge, and I live on S. Franklin St. I primarily use the 31-day adult pass as I am a dependent rider who uses Metro Transit nearly everyday, including weekends. I am opposed to the proposed fare increase because it is too large of an increase, particularly for the 31-day pass. I have four areas of concern. First, I believe past fare increases, not just the current rate, should be considered when deciding the percentage of increase. Second, the increase to this pass, identified as an equity sensitive fare type, is not in line with the other fare types also identified as neither the cash fare, Low Income pass, or EZ Rider pass are facing an increase. Third, the data gathered from the onboard surveys does not include any weekend ridership although the data is being used to inform decisions which affect a pass that can be used on weekends. Last, if the 31-day pass is going to increase at a higher rate than other passes, additional weekend service should be added in order to benefit riders who use the pass 31 consecutive days.

The information on the notice of the public hearing makes it appear as though all of the fares facing an increase are going up a similar percentage between 12.5% and 17.4%. However, this only takes into account the current proposed increase, and not the past increases in 2009 and 2013, and therefore provides incomplete and slightly misleading information. A more accurate picture of the increases of the various fare types can be seen by providing past increase information. I created a chart and bar graph including the past increases using information Metro Transit provided. As can be seen in the table, the 31-day adult pass was the only pass to increase in 2013, and overall the 10-ride Adult card and 31-day adult passes have increased at a higher percentage than other fare types. This places a disproportionate amount of increase on certain fare types. The notice of public hearing also lists UW ASM Students and UW Employees as part of the pass program. While these fare types are a part of the pass program, I find the information misleading as those fares are actually not scheduled to increase until 2018 as part of their separate contract. The flyer does not make the distinction. In effect this means a smaller number of rides will be taking on the burden of the fare increase needed to fill the gap in the City's 2016 Executive Budget. This is inequitable.

Second, I am also concerned about the large increase to the 31-day adult pass as it was identified as an equity sensitive fare due to its use by low-income riders. Although the increase follows the established guidelines since the fare is not increasing more than 5% of the increase to the Youth 10-ride card, it is proposed to increase 16.4% more than any of the other identified fares. This does not seem to follow the spirit of the guidelines which is to maintain reasonable increases so identified fare types are not unfairly targeted. The proposed 16.4% increase would equal an additional annual transportation cost of \$114.00 if a pass is purchased each of the 12 months. This could cause hardship for those already on a limited or fixed budget who depend on Metro Transit for meeting their transportation needs. I am also curious as to how it was determined that the Youth 10-ride card qualifies as an equity sensitive fare. It is not listed on the front page of the May agenda documents as a fare the staff has identified. It is also not listed on the bar graphs on page 2 or 4 which show the fare use by income as well as race.

Third, the onboard surveys, which seem to be used to make important decisions, including identifying equity sensitive fares, is also a concern. To only offer the survey on certain routes and not include any weekend ridership at all does not seem to provide a comprehensive sampling of ridership for a transit system which includes 7-day a week service. If 31-day passes rates are going to be impacted as the result of future onboard surveys, it is important to include weekend riders in the data.

Last, with such a significant proposed increase, I would ask Metro Transit to consider adding additional weekend service so the pass is equally beneficial 31 days and not just weekdays. I applaud the addition of weekend service on route 17 and to the Owl Creek Neighborhood. However, this service targets specific ridership needs and not the overall city. Overcrowding during peak weekend times on routes that cover greater geographic areas is a problem. For example, additional weekend service on route 2, 6 and half hour, not hourly service on the Monroe St. corridor would be of great benefit.

In summary, I would like to ask the commission to reconsider the disproportionate increase to the 31-day adult pass. Other ways should be considered in order to generate the needed revenue. If raised the proposed amount, this pass would have experienced a greater percentage of increase when compared to most fare types, and the proposed

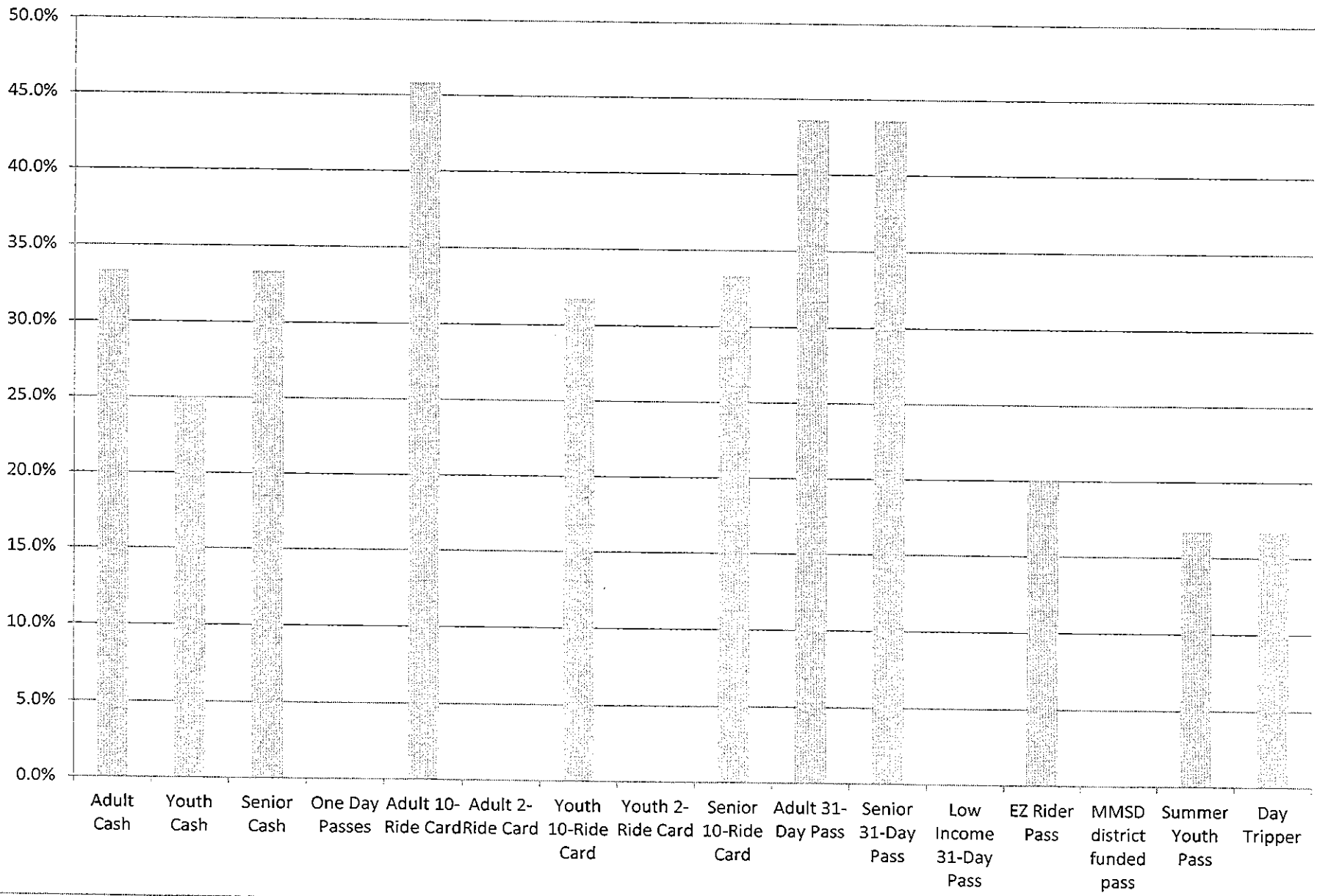
increase is not in line with most of the other fares identified as equity sensitive. Also, the weekend ridership was not surveyed although the resulting data is being used to impact a fare valid on weekends, and weekend service is inefficient and improvement is definitely needed. Thank you for your time this evening.

## % Increase from 3/1/2009 to 9/1/2016

	3/1/2009	4/1/2009	% increase	2/1/2013	% increase	Proposed Sept 2016	% increase	% increase from 3/1/2009 - 9/1/2016
Adult Cash	\$ 1.50	\$ 2.00	33.3%	\$ 2.00	0.0%	\$ 2.00	0%	33.3%
Youth Cash	\$ 1.00	\$ 1.25	25.0%	\$ 1.25	0.0%	\$ 1.25	0%	25.0%
Senior Cash	\$ 0.75	\$ 1.00	33.3%	\$ 1.00	0.0%	\$ 1.00	0%	33.3%
One Day Passes		\$ 4.50		\$ 4.50	0.0%	\$ 4.50	0%	
Adult 10-Ride Card	\$ 12.00	\$ 15.00	25.0%	\$ 15.00	0.0%	\$ 17.50	16.7%	45.8%
Adult 2-Ride Card						\$ 3.50	16.7%	
Youth 10-Ride Card	\$ 8.50	\$ 10.00	17.6%	\$ 10.00	0.0%	\$ 11.20	12.5%	31.8%
Youth 2-Ride Card						\$ 2.25	12.5%	
Senior 10-Ride Card	\$ 7.50	\$ 10.00	33.3%	\$ 10.00	0.0%	\$ 10.00	0%	33.3%
Adult 31-Day Pass	\$ 47.00	\$ 55.00	17.0%	\$ 58.00	5.5%	\$ 67.50	16.4%	43.6%
Senior 31-Day Pass	\$ 23.50	\$ 27.50	17.0%	\$ 29.00	5.5%	\$ 33.75	16.4%	43.6%
Low Income 31-Day Pass		\$ 27.50		\$ 27.50	0.0%	\$ 27.50	0%	
EZ Rider Pass	\$ 125.00	\$ 150.00	20.0%	\$ 150.00	0.0%	\$ 150.00	0%	20.0%
MMSD district funded pass						\$ 300.00	0%	
Summer Youth Pass	\$ 30.00	\$ 30.00	0.0%	\$ 30.00	0.0%	\$ 35.00	16.7%	16.7%
Day Tripper	\$ 42.00	\$ 42.00	0.0%	\$ 42.00	0.0%	\$ 49.00	16.7%	16.7%

Created by Yvonne Schwinge from data provided by Metro Transit

### % increase from 3/1/2009 - 9/1/2016



Date: 5/11

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Name Nancy

Address \_\_\_\_\_



Agenda No. 4

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and  Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

*how did you figure the raises  
 the 31 day eq not fair  
 we want to know complete rationale*

Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)



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

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. H

Name Thea Bach  
Address 1 Danbury  
Madison, WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Neighborhood no goods or services  
must take Metro to everything!

Name, address and telephone number of each person or organization you are representing:

member of Durin's Marsh Neighborhood  
council

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: May 11, 2016

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Tim Wong  
Address Jackson St  
Madison WI 53704

Agenda No. H.

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):


Name, address and telephone number of each person or organization you are representing:

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Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 5/11/10 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. H

Name ~~\_\_\_\_\_~~ Lori Hobbs  
Address Union St.

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Keep the 31 S/D card lower.

Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 5/11

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. H

Name \_\_\_\_\_  
Address \_\_\_\_\_

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and  Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Fare increase of almost \$10 for adult 31 day pass is excessive. Comm buses are important, but I seems \$5 increase would be adequate

Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Are you being paid for your representation?  Yes  No
- Are you appearing as part of your other paid duties for this person or organization?  Yes  No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 5/11

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. H

Name DAVID HOBBS

Address UNION ST

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):


Name, address and telephone number of each person or organization you are representing:

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Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 5/11/16 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name JOAN C. NEWMAN  
Address ALGOMA ST  
MADISON, WI 53704

Agenda No. 8

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and  Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing ..... 3 minutes  
 Other Items ..... 3 minutes

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

*Have you considered that increases in fees would reduce some of your customers' ability to pay? particularly the least able to afford? and low income passes to decrease*

*Why is the youth rates increasing 12% & all others that are increasing by 16% or more? I use the 31 day pass*

Name, address and telephone number of each person or organization you are representing:

*myself*

Are you being paid for your representation?

Yes  No

Are you appearing as part of your other paid duties for this person or organization?

Yes  No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11 Aug 16 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. \_\_\_\_\_

Name Michael S. Goodman  
Address Maple Wood Ln.  
Madison 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Concern over fare increases

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Name, address and telephone number of each person or organization you are representing:

N/A

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Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)