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| Please indicate how each vehicle in service is used on a regular basis. If vehicles are used for multiple services, please use a separate line for each route or service. If schedules are different on different days of the week, please use a separate line for each day. Insert additional lines and pages as needed.  **Please contact staff if you have any questions on completing this form.** |
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| Usual Vehicle (Agency Fleet No.) | Route Name or Number | Origin of Route | Geographic Areas Served | Destination of Route | Trip Purpose | Passenger/ Client Group | One-way Trip Length | Usual No. of Riders/ Day | Days of the Week | Hours of Day Operated |
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|
| *Example* | *Your town Shuttle* | *101 Main St., Your town* | *Your town area* | *Your town Mall* | *general purpose* | *general public* | *12 miles* | *25* | *M-F* | Start Time | End Time |
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