

MY TRANSPORTATION PLAN



Name: _____

Date: _____

Where do I want to go?	How often do I go?	How far?	What options are available? *		First choice	Alternative	Can I combine a trip or mode?
			Walk	Bike			
			Transit	TNC			
			Share Ride	Other			
			Walk	Bike			
			Transit	TNC			
			Share Ride	Other			
			Walk	Bike			
			Transit	TNC			
			Share Ride	Other			
			Walk	Bike			
			Transit	TNC			
			Share Ride	Other			
			Walk	Bike			
			Transit	TNC			
			Share Ride	Other			
			Walk	Bike			
			Transit	TNC			
			Share Ride	Other			

**Check all that apply*