SECTION 5311 - RURAL TRANSIT DATA COLLECTION SHEET PageOF DEMAND RESPONSE ROUTE * Indicates information required by ODOT. All pick-up and drop-off odometer readings must be shown to the 10th of a mile.										
*TRANSIT NAME: FIRST CAPITAL TROLLEY				DRIVER'S NAME:						
*DATE:/ PASSENGER SEATS:			* ENDING ODOMETER:							
VEHIC	CLE ID:* F	* BEGINNING ODOMETER:								
ROUTE	NAME / ORIGIN	DESTINATION	PASS.	TRIP	FARE		*ODOMETER		TIMES	
ID			TYPE	PURP.	Cash	Pass	*Pick-Up	*Drop-Off	Pick-Up	Drop-Off
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PASSENGER TYPE CODE: P=Passenger; D=Passenger with Disability; E=Elderly Passenger; B=Elderly Passenger with Disability; MD=Meal Delivery TRIP PURPOSE CODES: M= Medical; E= Employment; N= Nutrition; S= Social/Recreational; ED= Education; SH= Shopping; RW= Road to Work; TF= TANF Logan O= Other/Non-Responsive; DRS= Department of Rehabilitation Services; FG= Foster Grandparents; TP= TANF Payne; NW= Northwest Behavioral Center; AG= Logan County Aging Services

DRIVER'S CERTIFICATION: I hereby certify that the foregoing is true and correct in accordance with our records.

*Driver's Signature _____