For more information, visit us online at:

www.buslinerefresh.com

Proposed Final Network Comment Form

Pittsburgh Regional Transit will be collecting public comments on the Bus Line Refresh Proposed Final Network online and in-person between 8:00 AM on Monday, August 17, 2026 and 5:00 PM on Wednesday, September 30, 2026. All comments received during this period become part of the official public record and will be reviewed before any final decisions are made. Please complete the attached comment form and leave it with a PRT team member or drop it in the mail. Thank you for your participation.

Fold Here

Pittsburgh Regional Transit
Attn: Planning and Service Development
Heinz 57 Center
345 Sixth Avenue, Third Floor
Pittsburgh, PA 15222

Place stamp here

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Pittsburgh, PA 15222

Attach Sticker Here

Bus Line Refresh - Comment Form

After reviewing the route details, please tell us if you agree or disagree with each of the following statements about the proposed new/modified route. Please complete and return to PRT no later than September 30, 2026. Thank you for your input!

1. Have you shared feedback with PRT about the BLR before today? *Please check one.*

◯ Yes ◯ No

2. Do you feel PRT listened and considered the input you provided? *Please check one.*

◯ Yes ◯ Somewhat ◯ No

Why or why not?

Please list the current PRT route number (or the proposed new route number) that you are responding to in the questions below (example 4, P3, 35L).

3. The proposed route provides better connections to the places I need to go. *Please choose one.*

◯ Yes ◯ No

If false, where would you like this route to take you?

4. The proposed route timing for how often buses run on this route works well for my needs. *Please choose one.*

◯ Yes ◯ No

5. The proposed start and end times for this route on weekdays (Monday-Friday) work well for my needs. *Please choose one.*

◯ Yes ◯ No

If no, what changes would you like to see? *Please choose one.*

◯ I would like it to start earlier ◯ I would like it to end later ◯ Both

6. The proposed start and end times for this route on Saturdays work well for my needs. *Please choose one.*

◯ Yes ◯ No

If no, what changes would you like to see? *Please choose one.*

◯ I would like it to start earlier ◯ I would like it to end later ◯ Both

7. The proposed start and end times for this route on Sundays work well for my needs. *Please choose one.*

◯ Yes ◯ No

If no, what changes would you like to see? *Please choose one.*

◯ I would like it to start earlier ◯ I would like it to end later ◯ Both

8. For existing/modified routes only, if the proposed changes happened, I would use this route the same amount or more often. *Please choose one.*

◯ Yes ◯ No

If no, why not?

9. Overall, I like this route as proposed. *Please choose one.*

◯ Yes ◯ No

If no, why not?

10. Is there anything else you would like us to know about the proposed route?

Demographics (optional)

What is your current home zip code? ☐☐☐☐☐

What is your current age? *Please choose one.*

◯ 16-19 ◯ 20-24 ◯ 25-44
◯ 45-54 ◯ 55-59 ◯ 60+

What race/ethnicity do you identify with the most? *Please choose all that apply.*

☐ African American/Black ☐ Asian/Pacific Islander ☐ Caucasian/White
☐ Hispanic/Latino ☐ Middle Eastern/Northern African ☐ Native American/Alaska Native

Other ☐