



**DOWNTOWN
PITTSFIELD
PARKING
SURVEY**

HOW CAN WE IMPROVE YOUR PARKING EXPERIENCE IN PITTSFIELD?

On behalf of the City of Pittsfield, we are conducting a survey of parking activity and preferences. Your accurate responses will help guide our recommendations in downtown Pittsfield. **THE SURVEY IS ANONYMOUS AND WILL TAKE LESS THAN 5 MINUTES - YOUR RESPONSE IS VERY IMPORTANT.**

As you answer questions, please think back to the last day you traveled to downtown Pittsfield. This may be today or at some time in the past. This is intended to be a snapshot of your experience.

Please leave completed surveys with this participating merchant
or with the Department of Community Development, City Hall – 70 Allen St Room 205

About You

1. What ZIP code do you live in? _____
2. How did you get to downtown Pittsfield today (or your most recent visit)?
 Drove Carpoled Walked Biked Took Transit Other (please specify) _____
3. What was your **PRIMARY** purpose for coming to downtown Pittsfield today (or your most recent visit)?
 Work Dining Shopping Errands/Appointments I live here Other (please specify) _____
4. How often do you come to downtown Pittsfield for this purpose?
 A few times a year or less At least once a month Several times a month Several times a week
5. What are the reasons you go to downtown Pittsfield? (rank 1-9, 1 being the most relevant, 9 being the least relevant)
 ___ Convenient to my home ___ Can find what I need ___ Want to shop/dine locally ___ Bump into neighbors
 ___ Unique shopping experience ___ Unique dining experience ___ I feel safe and secure ___ Able to walk to many different services and shops
 ___ Work
6. What are the reasons you **DO NOT** go to downtown Pittsfield? (rank 1-5, 1 being the most relevant, 5 being the least relevant)
 ___ Cannot find what I need ___ Not enough restaurants ___ Not enough stores ___ Not convenient to walk around downtown
 ___ Parking is inconvenient

Parking Location

7. Today, or the most recent day you drove to Pittsfield, where did you park?
 On-Street
Specify name of street: North Street /South Street Housatonic Street Depot Street Fenn Street Columbus Avenue
 Eagle Street Summer Street Melville Street Union Street Bradford Street Linden Street Maplewood Street
 First Street Madison Avenue Other (please specify: _____)
- Public Lot
Specify lot name/location: Melville Parking Lot First Street Municipal Lot Gateway Parking Lot (South Street) McKay Street Garage
 Columbus Avenue Garage Willis Street Lot Capitol Theater Lot Other (please specify: _____)
- Private Lot
8. Do you have a city-issued permit to park in downtown Pittsfield?
 No Yes
If yes, please specify permitted facility: McKay Columbus Avenue Gateway Lot First Street Willis Street Capitol Theater
 Other (please specify: _____)
9. Do you always park in the same spot or do you search? Same space/area I search

Your Parking Experience and Preferences

10. How long did it take you to find a spot: **TODAY?** ____ minutes **ON AVERAGE?** ____ minutes **ON THE WORST DAY?** ____ minutes

11. What are the most important considerations for you in choosing where to park in Pittsfield?

	Most Important to me		Somewhat Important		Not Important to me
Type of Parking (street/lot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of finding a space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety/Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Consideration: _____

12. How close to your primary destination did you park?

- Right in front One block away Two blocks away Three blocks away
 More than three blocks away

What was your primary destination? _____

13. Approximately **HOW LONG** did/will you be staying in Pittsfield today (or your most recent visit)? ____ hours ____ minutes

14. Is parking enforcement: Too lenient About right Too harsh Other (please specify: _____)

15. Have you ever failed to find parking and just left? Yes No

If yes, how often does this happen? Rarely Several times a year Weekly During a festival/event Several days a month

Other (please specify: _____)

16. How would you improve parking in downtown Pittsfield? Tell us your ideas in a few words:

Thanks for your participation!
Please join us at our Parking Open House at the Colonial Theatre (111 South Street)
Thursday, December 5th, 2013 from 4-8PM.

If you would like to stay in touch and hear more about the study, please enter your email here:

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