



ASSEMBLY STANDING COMMITTEE ON TRANSPORTATION

NOTICE OF PUBLIC HEARING

SUBJECT: Impact of the 2016-2017 Enacted State Budget on Upstate Public Transit Systems

PURPOSE: To assess upstate public transit system programs and services funded by the 2016-2017 State Budget

ALBANY

Thursday, December 8, 2016
10:30 am
Hamilton Hearing Room B
Legislative Office Building, Second Floor
Albany, New York

ORAL TESTIMONY WILL BE BY INVITATION ONLY

Public transit systems are important components of New York State's transportation infrastructure. In upstate areas, public transit provides mobility to individuals who may not have access to other modes of transportation. New York's residents rely on public transit for a myriad of travel needs including travel to school, work, medical care, and many other locations for business and recreation. Additionally, public transit supports energy conservation and reduction of congestion by providing an alternative to personal vehicles on New York's streets and highways. An efficient and effective public transit system is vital to a healthy economy and environment in New York.

This hearing will provide the Assembly Standing Committee on Transportation an opportunity to assess upstate public transit programs and services funded by the enacted 2016-2017 State Budget. The Committee is interested in obtaining testimony on capital issues concerning upstate transit providers including vehicle acquisition, new technologies, the level of state of good repair, and system infrastructure. The Committee is also interested in obtaining testimony relating to upstate public transit operating performance, including information on service and ridership levels and fare structures.

Persons invited to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

David F. Gantt

**Member of Assembly
Chairman
Committee on Transportation**

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on Upstate Public Transit are requested to complete this reply form as soon as possible and mail, email or fax it to:

Julie Barney
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Assembly Committee on Transportation
Room 513, NYS Capitol Building
Albany, New York 12248
Email: Barneyj@nyassembly.gov
Phone: (518) 455-4881
Fax: (518) 455-7250

- I plan to attend the public hearing on Upstate Public Transit to be conducted by the Assembly Committee on Transportation on Thursday, December 8, 2016.
- I have been invited to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:**

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____