



General Aviation Visitor Survey

Michigan Aviation System Plan 2017

www.mdotmasp.com



The Michigan Department of Transportation, Office of Aeronautics recently launched a study to measure the value of Michigan airports to their communities and to the State. An important part of this study involves surveying passengers. The Airport Visitor Survey is intended to gain an understanding of how visitors use the airports of the State, and the economic benefit that visitors contribute to Michigan. Please feel free to complete the survey online if you prefer, at: https://www.surveymonkey.com/r/MASP_GA_Visitor_Survey

Please return surveys by Friday, September 9th, via online or mailing this survey

1. Please identify the airport where you received this survey: (Example: 3-Letter ID, City, or Airport Name)

2. At the time you are filling out this survey, are you (check one): Arriving Departing

3. With respect to the State of Michigan, are you a (check one): Visitor Resident

4. Please identify the number of people traveling in your party in each category:
 Infants – 12 years 12 – 18 years Adults

5. What is the primary purpose of your trip (check one)? Business Pleasure
 Other (specify) _____

6. If your trip is business related, please answer the following questions:

6a. What is the major product or service provided by your company/entity?
(examples: retail, manufacturing, government, etc.)

6b. What is the major product or service provided by the company/entity you are visiting?
(examples: retail, manufacturing, government, etc.)

6c. Please list the name of the company/entity you are visiting

7. Are you here for a special event? If so, please identify:

8. How many nights did you, or will you spend in Michigan during this trip? _____

If staying one or more nights, please indicate the type of lodging:

Commercial lodging (Hotel/Motel, Bed & Breakfast, short-term condo rental)

Private residence

Other (specify) _____

9. Approximately how much money did you, or will you spend during this trip? **Please list only those expenditures made in the State of Michigan.** If traveling as a family or group, if possible, please estimate the total expenditures made by everyone in your party as noted in question 4. Please round to the nearest whole number.

Aircraft (charter, fuel, landing fees, etc.) \$ _____

Lodging: \$ _____

Food & Beverage: \$ _____

Local Transportation (rental car, taxis, etc.): \$ _____

Entertainment: \$ _____

Retail: \$ _____

Other (please specify): _____ \$ _____

10. Does this spending cover (check one)? _____The entire party _____Just me

11. How would your trip today have been affected if this airport were not available to you?

___ I would have flown through another airport. Name of airport: _____

___ I would have traveled by another mode.

Select type (check one): _____Automobile _____Train _____Bus _____Other

___ I would have visited a destination elsewhere in Michigan. Destination: _____

___ I would not have visited a Michigan destination.

If you have any questions about this survey, please contact:

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