

## **NEW BUS SHELTER APPLICATION**

* * * OFFICE USE * * *
INITIAL:
DATE:
TRACKING #:

Do you know of a popular bus stop that would benefit from a bus shelter? Would cover from wind, rain, and a place to sit make it comfortable and easier for you to enjoy the benefits of public transit? If so, please use this simple form to let us know. As part of the evaluation process, the Planning Department staff will assess the recommended location to determine if it meets the selection criteria. Upon completion, SunLine will notify you of the results. Just one of the many ways in which SunLine is driven to serve you better.

Section I Name and Address						
First Name:		Last Name:				
Home Phone:	Work:		Other:			
Address:			Apt/Suite	:		
City:	State:		Zip:			
Email:						
Section II Bus Stop Location Information						
Bus Stop ID Number:	Bus Route(		S) Served:			
On Street:		Cross Street	:			
Which side is the bus stop on?						
Priority: High	☐ Medium	☐ Lo	W			
Section III Recommended Bus Shelter Location Details						
In which city or unincorporated community is the recommended bus shelter location?						
Please provide an estimate of passengers using this bus stop:						
☐ More than 100 ☐ 7	75 – 99	50 – 74	<u> </u>	☐ 0 - less than 25		
Please check one or more of the following below to describe the proposed location:						
Asphalt D	Dirt	Gravel		Concrete		
Grass	avers	Other (sp	ecify):			
Please check all applicable adja	acent uses:					
Apartment Building	Da	ay Care Cente	r	Nursing Home		
Industrial Site/Bldg.	Lik	orary		Retail Store		
Mall/Shopping Center	· Ho	ospital		Vacant Lot		
Place of Worship	So	chool		Supermarket		
Government Building	Pa	ark		Office Building		
Other (specify):						

The Planning Department will evaluate this request and will let you know if the proposed location is feasible.						
Would you like to receive results of SunLine's evaluation?	Yes	No				
Additional comments:						