



REQUEST FOR STOP LOCATION REVIEW

TF033

As the parent, I understand that (check boxes below):

- it is my responsibility to ensure the safety of my child at the bus stops;
- it is my responsibility to walk with young students to and from bus stops;
- there is no requirement to provide door to door transportation for young students.

If these are not the reasons for a stop location review request, please complete the information required in Section 1. STWDSTS Staff will determine within fifteen (15) working days whether the stop location should be relocated. At the beginning of September this timeline may be extended to thirty (30) working days.

SECTION 1

Submitted by: Last Name: _____ First Name: _____ Date: ___/___/20___

Student's Last Name: _____ First Name: _____

School: _____ Grade: _____ Daytime phone number: _____

Nature of concern and preferred stop location:

am stop Route #: _____ pm stop Route #: _____

Please send completed form to: STWDSTS, 66 Arrow Rd, Unit B, Guelph, ON N1K 1T4

***** Note : Incomplete forms will be rejected *****

FOR OFFICE USE ONLY

SECTION 2

Posted Speed Limit: _____ km/h

Visibility: _____ meters (approaching stop) x _____ meters (oncoming to stop)

Road: Paved Gravel Area type: Rural Urban

Road Width/Type: 2-lanes 4-lanes Dead-end Through Crescent

Other: _____

Conditions: Hill Curve Sidewalk Shoulder Curb

Obstructions: _____

Sketch of area if Necessary:

Outcome: Denied Relocated to: _____

Investigated By: _____ Approved by: _____ Date: _____