



## REQUEST FOR STOP LOCATION REVIEW

TF030

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. STSBHN 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: STSBHN, 349 Erie Ave, Brantford, ON N3T 5V3

**\*\*\* 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: \_\_\_\_\_