|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  |  |  | **Date:** |  |
|  |  |  |  |  |  |
| **Phone:** |  |  |  | **Email:** |  |

* At which intersection would you like to request a designated bus stop?

|  |
| --- |
| **Route(s)** |
|  |
| **Street:** |
| * *Generally runs north and south* |
| **Avenue:** |
| * *Generally runs east and west* |
| **City** |
| Fargo  West Fargo  Moorhead  Dilworth |
| **Location of Stop:**  North West Corner  North East Corner  South West Corner  South East Corner  Midblock – Stop located in the middle of a long block  FarSide – Stop located at least 50 feet past the intersection  Nearside – Stop located at least 50 feet prior to the intersection |

* If you are requesting this stop to accommodate a disability, please explain below.

|  |  |
| --- | --- |
| **MATBUS Administrative Use Only:** | |
| *All requests must be reviewed and responded to within 10 business days of submission* | |
|  | |
| Is there a bus stop within 2 blocks of this request? | Yes  No |
| Is this request in a safe location for loading and unloading passengers? | Yes  No |
| Does the individual requesting this stop have a disability? | Yes  No |
|  |  |
| **Request:** | Approved |
| **Expected installation date:** |  |
|  |  |
|  | Denied |
| **Explanation for why the request was denied:** |  |
|  | |