|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:** |  |
|  |