

Please read the "Bus Stop Change Request Criteria" available on the DDOT website prior to filling out this form. Please submit your completed form to DDOT's bus shelter coordinator by one of three ways: email it to **ddot@dc.gov**, fax it to (202) 673-1734, or mail it to DDOT, PTSA-Mass Transit Division, 55 M Street SE, 5<sup>th</sup> Floor, Washington, DC 20003 Attention: Bus Stop Coordinator.

**STEP 1:** Please check <u>one</u> of the following requests below:

- O Install a new bus stop (go directly to page 2)
- O Remove an existing bus stop (go directly to page 3)
- O Relocate an existing bus stop (go directly to page 4)
- O Place an amenity at an existing bus stop, including a bus shelter (go directly to page 5)
- O Report a problem with an existing bus stop or bus shelter (go directly to page 6)

Please complete only the appropriate pages of this form pertinent to your bus stop change request. Also be sure to complete the contact information section (page 7) so that DDOT can follow up with you.



## STEP 2: Request Installation of a New Bus Stop

Please fill out the fields below to detail where and why you would like a new bus stop added.

Address for requested new bus stop (including street and quadrant). If street address is not available, please provide a landmark such as a business name:\_\_\_\_\_

Closest cross street:			
Is this stop before or after	the cross street (select one)?		
O Before		O After	
On which side of the street	t is this requested bus stop loca	ated (select one)?	
O Northbound	O Southbound	O Westbound	O Eastbound
Bus route(s) affected:			
Reason for new stop:			



# STEP 2: Request Removal of an Existing Bus Stop

Please fill out the fields below to detail where and why you would like an existing bus stop removed.

	sted to be removed (including landmark such as a business n	•	
Bus stop number (if known	):		
Closest cross street:			
Is this stop before or after	the cross street (select one)?		
O Before		O After	
On which side of the street	t is this bus stop located (selec	t one)?	
O Northbound	O Southbound	O Westbound	O Eastbound
Is there a bus shelter at thi	s bus stop?		
O Yes		O No	
Bus route(s) affected:			
Reason for stop removal:			



## STEP 2: Request Relocation of an Existing Bus Stop

Please fill out the fields below to detail where and why you would like an existing bus stop relocated.

#### Present bus stop information:

Address of existing bus stop to be relocated (including street and quadrant). If street address is not available, please provide a landmark such as a business name:

Bus stop	number (if known):				
Closest o	cross street:				
Is this sto	op before or after the c	ross street (select one)?			
0	Before		0	After	
On whic	h side of the street is th	is bus stop located (select	one)?		
0	Northbound	O Southbound	0	Westbound	O Eastbound
Is there a	a bus shelter at this bus	stop?			
0	Yes		0	No	
Bus rout	e(s) affected:				
Reason f	for bus stop relocation:				
	,				
Address		: top (including street and o siness name:	•	-	-
Closest o	cross street:				
Is this sto	op before or after the c	ross street (select one)?			
	Before		0	After	
On whic	h side of the street is th	is bus stop located (select	one)?		

Distance between present and proposed bus stop in blocks, feet, or miles:\_\_\_\_\_\_

O Southbound

Please turn to page 7 to complete your contact information now.

O Northbound

O Westbound O Eastbound



## STEP 2: Request Placement of an Amenity at an Existing Bus Stop

Please fill out the fields below to detail where and why you would like an amenity added to an existing bus stop. Please note that DDOT will not install standalone benches without a shelter and that newspaper boxes and trash receptacles fall outside of the scope of this change request. Please call 311 if you would like to request a trash receptacle. If you submit a change request for these items using the form below, DDOT will not be able to investigate your request.

Address for requested amenity (including street and quadrant). If street address is not available, please provide a landmark such as a business name:\_\_\_\_\_

Bus sto	p number (if known):							
Closest	cross street:							
Is this s	top before or after the cro	oss street (select one)?						
0	Before		0	After				
On whi	ch side of the street is this	s bus stop located (select one)	?					
0	Northbound	O Southbound	0	Westbound	0	Eastbound		
Bus rou	ute(s) affected:							
Amenit	ies requested:							
0	Bus shelter							
0	Sidewalk improvement							
0	New bus stop pole							
0	O New bus stop sign							
0	O New NextBus sign							
Please	provide any additional det	tails that will assist DDOT with	inv	estigating your request:				
	_							
Reason	for amenity:							



# STEP 2: Report a Problem with an Existing Bus Stop

Please fill out the fields below to report a problem with an existing bus stop or bus shelter.

	s of bus stop with probler a landmark such as a bu					availat	ole, please
Bus sto	p number (if known):						
Closest	cross street:						
Is this s	top before or after the cr	oss s	treet (select one)?				
0	Before			0	After		
On whi	ch side of the street is thi	s bu	s stop located (select one	)?			
0	Northbound	0	Southbound	0	Westbound	0	Eastbound
Bus rou	ite(s) affected:						
Probler	n being reported:						
0	Lighting problem						
0	$\supset$ Problem with or damage to bus landing pad (where passengers board and alight bus)						
0	O No sidewalk connection to bus stop						
0	No curb ramps to bus st	ор					
0	O Amenities at stop not ADA accessible						
0	D Trash or other debris						
0	O Snow removal request						
0	O Damage to bus shelter such as broken glass, graffiti, missing ad boxes, defective or missing signs, map problems, or other damage to the bench or shelter						
Descrip	tion of problem:						
Date is	sue was observed:						



## STEP 3: Your Contact Information

The contact information provided below will be used to contact you within 15 days of receipt of this request.

Title:					
0	Mr.	O Mrs.	O Ms.	O Miss.	O Dr.
First na	ime:				
Last na	me:				
Street	Address:				
City, St	ate, Zipcode:				
Date:_					
Phone	number (home, w	ork, or cell):			
Email a	ddress:				
Preferr	ed method of com	nmunication:			
0	Phone		O e	Email	

#### Thank you!

Thank you for submitting your bus stop change request. DDOT will investigate your request and contact you within 15 days.