



Request for Change/New Bus Stop

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Today's Date: _____ 1st Request 2nd Request 3rd Request

Please check one: Parent School Bus Driver Concerned Citizen

Name: _____ Phone #: _____

Email: _____ @ _____

Student's Name (if applicable): _____

Address: _____ Town/City: _____

School: _____ Grade: _____

Current Stop Location: _____ Route # _____

Please explain your reason for requesting a new bus stop or a change to an existing bus stop. To assist us in evaluating your concern, please list all pertinent information:

Send this form to: ddecoteau@butlersbus.com or mail to: Butlers Bus Service, 427 Elm St, Milford NH 03055

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.

Location and Distance to Closest Existing Stop: _____

DETERMINATION: Approved Not Approved

Investigator's Signature: _____ Date: _____

Request results: _____

Route # _____ Route Updated: Yes No N/A Stop Name: _____

Requestor Notified Date: _____ Driver Notified Date: _____

Submitted to SAU: Yes No Date: _____ SAU Approved SAU Not Approved

SAU Signature: _____ Date: _____

Any additional comments from the SAU will be on the next page.