

School Bus Safety Request Checklist

ROAD, TURN-AROUND, & BUS STOP CHANGES, ADDITIONS, DELETIONS

Name _____ Date _____

Address _____

Telephone _____

Request _____

Request Taken By: _____

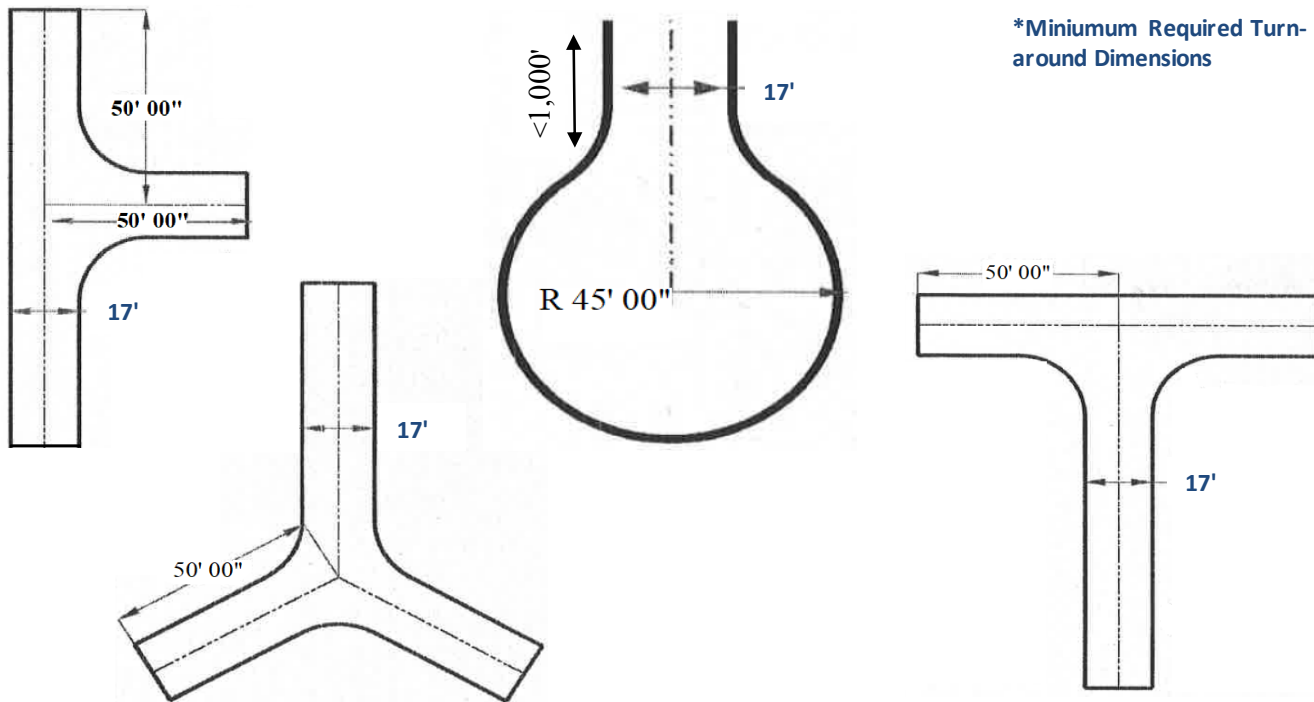
Road Width: _____

Cul-de-sac width: _____ Cul-de-sac length: _____

"T" Junction Roadway: _____

"Y" Junction Roadway: _____

Horizontal Braking Sight Distance: _____ Vertical Braking Sight Distance: _____



APPROVED

DISAPPROVED

REASON: _____

Signature _____