



TEMPORARY BUS ZONE & REROUTE RELOCATION REQUEST

☐ REQUEST TO ORDER ☐ REQUEST TO CANCEL DATE

Company Name:	Company Contact:
Contact Phone:	Contact Email:
Name:	Phone #:
Contract / Project #:	Site / Location:

1 NOTIFICATION DATE _____ (10 working days in advance)

2 LOCATION _____ (ie. Mission @ 8th)

3 BUS LINE(S) AFFECTED _____ (Line Numbers ie. 14, 49)

Inbound/Outbound: (Check one) ☐ Inbound ☐ Outbound

Reroute Needed? (Check one) ☐ Yes ☐ No

4 EXISTING BUS ZONE ☐ Near Side ☐ Far Side

5 PROPOSED BUS ZONE LOCATION _____ (ie. Mission @ 8th)

☐ Near Side ☐ Far Side

Remarks: _____

6 EFFECTIVE START DATE _____

7 ESTIMATED END DATE _____

8 TIME LIMITS _____

9 ATTACHMENTS:

- A. Plan of (E) & Proposed Bus Zone
- B. Photos of (E) & Proposed Bus Zone
- C. Photo of (E) Bus Zone Sign
- D. Plan of Proposed Routing with Map

ICM / Contractor Use

Date Received: _____

☐ Approved ☐ Rejected

Request Reviewed by: _____

Date: _____

MUNI Use

Date Received: _____

☐ Approved ☐ Rejected

Request Reviewed by: _____

Date: _____

