

FARMINGTON PUBLIC SCHOOLS  
TRANSPORTATION DEPARTMENT

**REQUEST FOR RELOCATION OF BUS STOP**

All written requests are reviewed in the order received. **No telephone requests will be accepted.**  
It is our goal to respond within 10 business days upon receipt of a written request sent to:

FPS Transportation 32500 Shiawassee Street Farmington MI 48336 or FAX # 248-489-3367

Supervisor: William Tousley

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Date: \_\_\_\_\_

Student(s) Name (s): \_\_\_\_\_

School: \_\_\_\_\_

I am requesting a change for my a child's: Pick up [ ] Drop Off [ ] Both [ ]

Reason for the Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Stop location:

\_\_\_\_\_

Proposed stop location:

\_\_\_\_\_

Contact Information (if we need to contact you regarding this request):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

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Date received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Alternate Location identified:0.

\_\_\_\_\_

Request Approved: \_\_\_\_\_ Start date: \_\_\_\_\_

Notified: School \_\_\_\_\_ Driver \_\_\_\_\_ Computer \_\_\_\_\_ Parent: \_\_\_\_\_

Request Denied on: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

Notified by letter or personally on: \_\_\_\_\_ by: \_\_\_\_\_