



APPLICATION FOR SCHEDULED BUS DROP-OFF

1. The full name, full address, and telephone numbers of the owner, operator, and driver of the motor vehicle. The mobile phone number of the driver of the vehicle shall also be provided.

Owner Name	<input type="text"/>	
Owner Address	<input type="text"/>	
Owner Phone	<input type="text"/>	
Operators Name	<input type="text"/>	
Operators Address	<input type="text"/>	
Operators Phone	<input type="text"/>	
Drivers Name	<input type="text"/>	
Drivers Address	<input type="text"/>	
Home Phone	<input type="text"/>	Mobile Phone <input type="text"/>

2. The full name, full address, mobile and land-line telephone numbers of the entity or individuals that have either directed, paid for, or financed the transport of persons who will disembark in the city.

Responsible party	<input type="text"/>	
Address	<input type="text"/>	
Home Phone	<input type="text"/>	Mobile Phone <input type="text"/>

3. The full name of all persons that are proposed to disembark in the city along with copies of IDs for said person to the extent such IDs exist or are in the possession of the passengers.

Please complete the table on page 2.



APPLICATION FOR SCHEDULED BUS DROP-OFF

Passenger Name	Passenger Name	Passenger Name



APPLICATION FOR SCHEDULED BUS DROP-OFF

4. The name, address, or location in the city where the applicant proposes to allow passengers to disembark.

Drop off location

Address

Contact Phone

5. The date and time at which the applicant's passengers will disembark in the city which shall be from 7:00 a.m. to 4:00 p.m. on a Monday through Friday, excluding any federal, state, or city holidays.

Drop off Date

Drop off Time

6. The name and address of all locations from which the passengers are being picked-up for transport to the city.

Pick-up Location 1

Pick-up Address

Pick-up Location 2

Pick-up Address

Pick-up Location 3

Pick-up Address

Pick-up Location 4

Pick-up Address



APPLICATION FOR SCHEDULED BUS DROP-OFF

7. The full name, full address, mobile and land-line telephone numbers, and electronic mail addresses of all entities or individuals that shall be present to meet and receive the passengers disembarking in the city.

Drop off Contact 1			
Address			
Contact Phone		Contact e-mail	
Drop off Contact 2			
Address			
Contact Phone		Contact e-mail	
Drop off Contact 3			
Address			
Contact Phone		Contact e-mail	

8. A detailed plan identifying how the disembarking passengers will be cared for, housed, and fed, upon disembarking in the city. The plan shall be signed by the entity that agrees to be re-sponsible for providing the actions detailed in the plan.



APPLICATION FOR SCHEDULED BUS DROP-OFF

9. Any additional information the chief community services officer may require provided that such information is related to the purposes of this section.

The person submitting an application shall swear or affirm that to the best of their knowledge and belief the information set forth in such application is true and correct, and such oath or affirmation shall be attested to by a person authorized to administer oaths or witness affirmations within the state or territory where the application is sworn to or affirmed.

Signature

Signed by (Printed Name)

Dated

Attested by: Signature

Attested by: (Printed Name)

Dated

