

PLYMOUTH CANTON COMMUNITY SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT

REQUEST FORM FOR CHANGE OF BUS STOP LOCATION

NAME _____
ADDRESS _____
CITY _____
PHONE # _____ SCHOOL _____

NAMES OF CHILDREN ATTENDING SCHOOL:

| | |
|-------|-------------|
| _____ | GRADE _____ |
| _____ | GRADE _____ |
| _____ | GRADE _____ |
| _____ | GRADE _____ |

CURRENT STOP LOCATION

PROPOSED LOCATION

REASON FOR REQUEST OF STOP CHANGE

PLEASE RETURN THIS COMPLETED FORM TO:

PCCS TRANSPORTATION DEPT.

1024 S. MILL ST.

PLYMOUTH, MI 48170

FAX # 734-416-3018

Reviewing of Stop Requests will begin in October of each school year.

SIGNATURE _____ DATE _____