

**ACCESSIBLE OVER-THE-ROAD BUS  
SERVICE REQUEST FORM**

**Form for Advance Notice Requests and Provision of Equivalent Service**

1. Operator's Name \_\_\_\_\_

2. Address \_\_\_\_\_

\_\_\_\_\_

3. Phone Number \_\_\_\_\_

4. Passenger's Name \_\_\_\_\_

5. Passenger's Address \_\_\_\_\_

\_\_\_\_\_

6. Passenger's Phone Number \_\_\_\_\_

7. Scheduled date(s) and time(s) of trips \_\_\_\_\_

\_\_\_\_\_

8. Date and time of request \_\_\_\_\_

9. Location(s) of need for accessible bus or equivalent service, as applicable \_\_\_\_\_

\_\_\_\_\_

10. Was accessible bus or equivalent service, as applicable, provided for trip(s)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

11. If No, was there a basis recognized by the U.S. Department of Transportation regulations for not providing an accessible bus or equivalent service, as applicable, for the trip(s)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, explain \_\_\_\_\_

\_\_\_\_\_