

FORM B

**OVER-THE-ROAD BUS
ANNUAL SUMMARY OF SERVICE REQUEST FORMS**

Name of OTRB
Operator _____

Address _____

Reporting Period: October 1, _____ through September 30, _____

Number of requests for accessible OTRB service: _____

Number of times these requests were met: _____

Name of Contact
Person _____

Phone
Number _____

Date of
Summary _____

OTRB Annual reports must be sent to:
Federal Motor Carrier Safety Administration
Office of Information Management MC-RIS
1200 New Jersey Avenue, SE
Washington, DC 20590

Program Contact:
Peter Chandler
peter.chandler@fmcsa.dot.gov
(202) 366-5763