

Serving Monongalia County, WV
420 DuPont Road • Morgantown, WV • 26501
(304) 296-3680 • Fax: (304) 291-7429 WWW.BUSRIDE.ORG • Email: Bus@busride.org

Deviation Request Form

(PLEASE COMPLETE THIS FORM IN ITS ENTIRETY & RETURN TO 420 DuPont Road, MORGANTOWN, WV 26501, FAX 291-7429, or email to ADAOfficer@busride.org)

DATE						
Applicant's Name:						
Street Address:	APT #:					
City:	S	tate:	Zip:			
Telephone:						
Home:	Work:		Email:	_		
	Devia	tion Location				
Same as above address?	Device	Double Library				
Location or Person's Name:_						
Street Address:						
City:	State:		_ Zip:			
Do you know the name of the nearest bus route?						
	Gener	al Information	1			
Does this deviation request need to accommodate any of the following assistive devices or mobility aids? (Please check all that apply)						
Cane Manual wheelchair White cane Powered wheelchair Walker Powered scooter/cart Crutches Boarding chair Prosthesis Other (please describe):						

(TURN OVER PLEASE)....



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DESCRIPTION OF DEVIATION REQUESTED

Please provide us with detailed, written directions to the location of your requested deviation. Include street names and any landmarks that will be helpful to the driver. Also include a map that can serve as an additional guide to your requested deviation, if possible.

OFFICE USE					
Date Rec'd://	Date of Site Visit: _				
Yes, the Deviation Request	is Approved				
§37.169(c)(2) No, a deviation to this loca No, a deviation to this loca §37.169(c)(2) No, a deviation would requestable saration.	tion would directly the tion would expose/rection would require le tire fundamental char tion would create a si	reaten the healt quire exposure of aving passenger nge to existing s ignificant finance	th, safety and welfare of others of the vehicle to hazards §37.169(c)(2) rs unattended for extended periods services significantly impacting passengers cial or administrative burden §37.169(c)(1		

(If this Deviation Request was denied, please attach a detailed explanation)