TRANSPORTATION APPEAL FORM

Please allow 28 calendar days from date of receipt for the Safety Advisory Committee to review, investigate and make a determination on your request. The committee meets the first Tuesday of each month, but plans to meet as often as necessary to review requests for timely responses. **Reminder:** A copy of the denied “Bus Stop and Route Change Request Form” must accompany this form.

Date: ______________________

Name of Submitter: ___________________________________________________________

Phone: ______________________ Email: ___________________________________________

Current Run #: _____ School Attended: _______________ Your Child(ren)’s Age(s): _______________

Student’s Address: ___________________________________________ ZIP: _______________

(Please include St., Ave., Ct, etc)

___ Current Stop: Stop Location: ___________________________________________

___ No Current Stop: Create a Stop At: ___________________________________________

Describe Appeal Request:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Email to: hawortds@puyallup.k12.wa.us

Mail to: Safety Advisory Committee ● 302 2nd St. SE ● Puyallup, WA 98372

________________________________________________________

OFFICE USE ONLY

Date Received: ____________ Date Reviewed: ____________ Date Reply Sent: ____________

Approved: ____________ Denied: ____________

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Form TD-500 revised 10-26-10