



## Bus Stop Request Form

### Contact Information

Name:

Date of Request:

Address:

Phone:

Email:

### Bus Stop Information

*Please be as specific as possible - intersections, landmarks, coordinates, etc.*

Location of requested stop:

Desired bus route(s) to serve the stop:

Reason for request:

### Notification

Would you like to be notified by phone, email, or US Mail?

Name (Print):

Signature:

**Submit your request:** [planning@wavetransit.com](mailto:planning@wavetransit.com)

Wave Transit, P.O. Box 12630, Wilmington, NC 28405

<b>Date received:</b>	<b>Office Use Only</b>	
<b>Reason:</b>	<b>Status:</b>	<b>Staff name:</b>

NOTE: All requests will be reviewed by Wave Transit staff prior to installation. Submitting a request does not guarantee a bus stop will be installed at the requested location. Wave Transit staff will review the request within 30 days of receipt.