

Request to Change Bus Stop Location

Please return this form when completed to:

**North Boone Transportation Department
6248 North Boone School Road
Poplar Grove, IL 61065**

Date of Request: _____

Individual Making Request: _____

Address of Person Making Request: _____

Telephone Number of Person Making Request: _____

Nature of Request (Please be specific concerning where you wish the stop to be changed to.)

Why do you wish this change? _____

For Office Use Only

Date Received: _____ Route Number: _____

Superintendent's Recommendation: _____

Superintendent Signature: _____ Date: _____

School Board _____ Approved _____ **Not Approved** Date: _____

Comments: _____