EMERALD COAST (ec) RIDER

Bus Stop Request Policy, Procedure, and Evaluation Criteria

In order to provide service to the greatest number of riders possible in the most efficient manner possible, it is in the best interests of ecRider and the general public to establish a uniform policy and procedure through which requests for bus stops will be consistently evaluated and acted upon. It is ecRider’s policy to give fair and impartial treatment to all requests, and establish new stops when doing so provides a demonstrable benefit to both the system and general public.

Procedure:

1. Requests for bus stops must be made on the attached Bus Stop Request form which must be filled out in its entirety.

2. Requests may be made at any time, but must be made no less than 120 days in advance of the date when the requestor wishes the stop, if approved, to become active. ecRider does not guarantee a date on which any stop will be activated.

Evaluation Criteria:

When evaluating requests for stops, ecRider will consider the following criteria:

1. Will the addition of the proposed stop negatively impact the existing stops, including increased wait times or other inconvenience? ecRider will consider whether other stops along the route can be modified to accommodate the additional stop, provided doing so will not displace or unduly inconvenience a greater number of riders than would be accommodated by the new stop. “Unduly inconvenienced” is defined as a rider having to relocate to a stop more than 25% more distant than the stop currently used.

2. Will the addition of the stop result in an increase in the cost per rider for the route along which the proposed stop would occur?

3. Is the stop proposed at a hazardous location (such as, for example, on a blind turn, at a site with inadequate area to safely stop and maneuver the bus, too close to an intersection, etc.)?

4. Is the location of the stop inherently safe? That is, does it have good visibility for law enforcement or emergency access, or is the location conducive to crime or other undesirable behavior due to lack of visibility, remoteness, etc.?

5. Would establishing a stop at the location proposed be consistent with all applicable Federal, State, and local regulations, including ADA?

ecRider shall make written findings regarding each of the criteria above within thirty (30) days of the request’s submittal.
1. Name of individual or agency requesting stop: __________________________________________

2. Contact information: Bus. Phone: __________________________________________
   Cell Phone: __________________________________________
   Email: __________________________________________
   Street Address: __________________________________________
   __________________________________________
   __________________________________________

3. Location of proposed stop (attach photo or map):
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

4. Number of anticipated daily riders in morning _________ and in evening _________.

5. Reason for Request:
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

6. If requested bus stop is on private property, attach letter from owner of property where stop would occur granting permission for the stop to be placed. **Letter must specifically state that owner agrees that stop will be allowed to remain in place a minimum of one (1) year.**

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**Office Use Only**

*Date Bus Stop Request Received: ______________________________*

*Request:  Approved  or  Denied  (circle one)*

*By (Print Name): ________________________________________*

*Signature: ________________________________________  Date: ____________________*