

Request submitted by:		Contact Information:		
MUNICIPALITY:	DATE:	NAME:	PHONE:	EMAIL:

Signing Authority Contact		
NAME:	TITLE:	EMAIL:

Proposed Location for Shelter Placement Details																								
Row No.	Desired Fiscal Year	Priority	BC Transit Stop ID#	Stop Name				Shelter Construction Options												Is this to replace an existing shelter?*	Are these Floating Bus Stops?	Comments / Notes		
				Street Name	Nearest Cross Street	Intersection Location	Direction of Travel	Shelter Type	Lighting	Extra Options														
										Garbage	Schedule Frame	Lit-Ad Panel	Non-Lit Ad Panel	Additional Bench	Bike Rack	Glass walls	Additional Glass walls	USN Charging	Bicycle Locker				Map Locker	Visual Indicator***
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9.																								
10.																								

Shelter Type Description	Bus Stop Design Details	Yes/No
T1 Series – Bench T1 Series – ID Post Mounted Seat T2 Series – Low to medium levels of passenger boardings per weekday (up to 50) T3 Series – Moderate to high levels of passenger boardings per weekday (21-200) T4 Series – High levels of passenger boardings per weekday (200+), Park & Rides, Small exchanges	E2 Series – Low to medium levels of passenger boardings per weekday (up to 50) E3 Series – High levels of passenger boardings per weekday (100-200) E4 Series – High levels of passenger boardings per weekday (200+) Park & Rides, small exchanges OPTION: E Series Harsh Weather glass Signature Series – Glass wall design with a glass roof	For the above listed locations, Is site drawing available? Have the BC Transit Infrastructure design guidelines been read? Will the above listed sites upgrades conform to the guidelines? Will the above listed sites be accessible? Will land negotiations be required for any of the above listed sites?

Additional Notes / Comments

* Municipality is responsible for removal of existing shelter prior to installation
 ** Visual Indicator is of a passenger inside shelter