

## Directorate of Environment, Transport and Planning

West Offices Station Rise YORK YOI 6GA

Email: buses@york.gov.uk

## REQUEST FOR SUSPENSION OF A BUS STOP / SITING OF A TEMPORARY STOP

This form should be used to request the temporary suspension of an existing bus stop on the adopted highway in the City of York and, if necessary, the provision of a temporary bus stop. It should be used when suspension is necessary due to the proximity of works within or adjacent to the adopted highway. The form should not be used to request the permanent relocation of a stop, including additional facilities, such as shelters, Kassel kerbs and seating. Applicants are advised to discuss the need for a replacement facility with City of York Council before submitting this form as sometimes charges will be unnecessary or there may be no suitable alternative location. A separate form should be used for each bus stop affected.

All communication regarding this request must be via City of York Council (the Council) or its officers.

The Council will invoice the applicant on receipt of an acceptable request. To ensure that you have the latest request form, please download it from the Council's website.

All prices on this form are correct at the time of publication. All prices on this form are outside of scope for VAT purposes.

All bus stop equipment remains the property of the Council.

Please return your completed form to the Council by email: buses@york.gov.uk

The Council will charge an additional fee for each time the current stop pole (including flag and any timetable case attached) is re-sited if more than one temporary location is needed due to the phasing of works.

The Council will charge an additional fee of up to £225.75 for damage to or unauthorised removal of a temporary stop.

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## **REQUEST FOR TEMPORARY BUS STOP WORKS**

Details of or	ganisation reques	<b>sting work:</b> (ir	voices will be	sent to this add	dress)			
Organisation:			Contac	t Name:				
Address:			J	ob Title:				
			Te	lephone:				
				Email:				
		Any re	 eference that sl	nould be				
Postcode:		quoted on invoices:						
Stop Details:	(please include a m	nap if possible)				Exam	ole:	
	ournextbus shown o					32900		
Road name:						Fulford		
Sto	p name or side road						ay West	
	Dii	rection:				Toward	ls York	
Start date:	Er	nd date:		Tick if end da	te not ye	et confirr	ned:	
Peason for re	equest: (please atta	ach any other r	alayant inform	ation)				
Reason for re	equest. (piease atta	acii aliy otilei i	elevant iniorni	acionj				
Suggested si	te for relocated s	top: (if necessa	ary)					
Work requir	ed: (Please tick as i	many hoves as	annly)					
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Please email the completed form to buses@york.gov.uk

City of York Council will issue an additional invoice at the end of the work if the work extends beyond the period indicated above.

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