



## Bus Stop Accessibility Problems Form

*Fill out applicable information to the best of your ability to assist Metro Office of Bus Planning staff in addressing your concern.*

**Input Information Below**

<b>Contact Information:</b>	
Name of Person Filling Out Form, Address, City, State, Zip Code, Phone Number, E-mail, Agency, Department and/or Office & Title:	
Date Prepared:	
<b>(Metroaccess Use Only) Customer Identification &amp; Anticipated Use</b>	
MetroAccess Customer ID #:	
How often do you use this bus stop? If stop is not accessible, how often do you anticipating using this stop if it became accessible? <i>(Advise in number of times per week)</i>	
<b>Location of the Bus Stop Information:</b>	
What street, state, zip code and D.C. quadrant (if in D.C.) is the bus stop on?	
What is the closest major cross street?	
What bus route(s) or destination(s) does the bus stop serve?	
What is the direction of bus travel on that street? <i>(Northbound, Southbound, Eastbound, Westbound)</i>	
What is the position of the bus stop relative to that cross street? <i>(Before the intersection, After the intersection, Between intersections)</i>	
<i>Alternately</i> , what is the address?	
What is the bus stop number or Regional Stop ID <i>(if available)</i> ?	
<b>Landing Area Issues: (An area for a lift/ramp to deploy, when getting on or off the bus)</b>	
Is there a landing area that can accommodate a customer using a wheelchair?	
If so, are there problems with the landing area surface? <i>Please describe the problem(s).</i>	
Describe any obstacles that would limit the mobility of a wheelchair user? <i>(i.e., trash receptacle, newspaper boxes, landscaping, etc.)</i>	

	<i>Input Information Below</i>
<b>Bus Stop Signage Information:</b>	
Is the informational signage in a readable font size?	
Is there raised lettering and/or Braille on the sign? <i>(Braille is a reading format for those who are blind or have low vision)</i>	
<b>Pedestrian Issues:</b>	
Are there any potential safety concerns for pedestrians at or near the bus stop? <i>(i.e., lack of cross walk, lack of countdown signal, etc.)</i>	
Is there an audible pedestrian signal? Should an audible pedestrian signal be considered, if one is not provided?	
Is the sidewalk or pathway leading to the bus stop accessible for a person using a wheelchair or mobility device?	
Does the landing area connect to a sidewalk or pathway? If so, is the path clear of obstructions?	
Are there curb ramps at the street corners?	
Is there a tactile warning system (truncated domes) on the curb ramps?	
<b>Bus Bench and/or Shelter Issues:</b>	
Is there a bench or shelter at the bus stop?	
If not, should one be added? If so, a bench and/or a shelter?	
Is there room for a wheelchair user to maneuver into the shelter?	
Is seating available inside the shelter, if one is provided?	

Once this form is completed, please submit with any attachments to:

Office of Bus Planning  
Washington Metropolitan Area Transit Authority  
600 Fifth Street, NW  
Washington, DC 20001

By email to [metrobusplanning@wmata.com](mailto:metrobusplanning@wmata.com) or by FAX to (202) 962-1277.

If you have questions, you may contact the Office of Bus Planning at (202) 962-2440 or via email at [metrobusplanning@wmata.com](mailto:metrobusplanning@wmata.com).

<p><b><i>Metro Office of Bus Planning Staff Use Only</i></b>  Date Received by BPLN: _____  Date Forwarded to Jurisdiction: _____  Which Jurisdiction and Contact: _____</p>
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