

BUS REQUEST FORM

Supervisory District (SD): 4

Event Date:

Number of participants:

Number of Buses:

Name of Group/Event:

Brief Description of Event:

Group/Event Coordinator:

Phone:

E-Mail / Fax:

PICK-UP LOCATION(S):

1)

Pick-Up Time:

2)

Pick Up Time:

DESTINATION(S):

1)

2)

Time to return to pick-up location:

Email completed form to German Castilla at gcastilla@bos.lacounty.gov
If you have any questions regarding this request, please call (213) 974-4444