



**Los Angeles County Board of Supervisors  
SUPERVISOR KATHYRN BARGER  
Application for Charter Bus Service**



Please email or fax the application 4-weeks prior to the trip date to:  
**Supervisor Kathryn Barger**  
 Susie Osuna  
 500 West Temple Street, Room 869  
 Los Angeles, CA 90012  
 Office (213) 974-5555 Fax (213) 974-1010  
 Email address: [sosuna@bos.lacounty.gov](mailto:sosuna@bos.lacounty.gov)

Trip Date: \_\_\_\_\_ Fed Tax ID No#: \_\_\_\_\_

Number of Passengers: \_\_\_\_\_ (*minimum 40 – maximum 55*)

Name of Organization: \_\_\_\_\_

Contact Person (who will be going on the trip): \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Office #: \_\_\_\_\_

Fax No#: \_\_\_\_\_ Email: \_\_\_\_\_

Please specify age group: (a) 18-years old and younger: \_\_\_\_\_ (b) 50-years old and older \_\_\_\_\_  
 (c) any passengers with physical or cognitive disabilities? If so, please specify \_\_\_\_\_

Time of Departure: \_\_\_\_:\_\_\_\_

**Originating Location:**

<b>Name</b>	<b>Address City/Zip Code</b>

**Destination #1**

<b>Name</b>	<b>Address City/Zip Code</b>

**Destination #2**

<b>Name</b>	<b>Address City/Zip Code</b>

Time of Return to Originating Location: \_\_\_\_:\_\_\_\_  YES, our group will pay for the overtime

I confirm that the following conditions will be observed:

1. The requested transit service will be equally available to all persons regardless of religious beliefs.
2. The requested transit service will be available to all persons who request to use this service on the same terms and subject only to the same space limitations applicable to persons who have been invited to use the service.
3. The destination event is: (a) for a non-religious educational, recreational or cultural experience; and (b) not for the purpose of promoting any particular religion or religious belief.
4. The requested transit service will not be used to transport public elementary school, middle school, or high school students during normal school hours.
5. The requested transit service will not be used by a private school.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_