



**Florida Statutes Chapter 1006.23
Hazardous Walking Conditions
Form**

Dear Parent/Guardian,

Please complete the form below and forward to the Transportation Office. Only complete this form if your student(s) reside within 2 miles of their school and if you feel that the walking path for your student is unsafe, and that it meets the requirements for hazardous walking conditions as found in Florida Statutes Chapter 1006.23. Your completed form will be reviewed by the appropriate school district department, or forwarded to the appropriate jurisdictional authority, and a decision will be made based on the completion of the review. You will be notified via email of the final decision as soon as possible.

Your Name: _____	Today's Date: _____
Your Address: _____	
Community Name (if applicable): _____	
School(s): _____	
Contact Phone #: _____	E-Mail: _____
Hazardous Location: _____	

This location is hazardous for my student(s) because it meets one of the following hazards identified in Florida Statutes Chapter 1006.23:

Hazards parallel to the roadway:

- | | | |
|--------------------------------------------------------|----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Speed Limit | <input type="checkbox"/> Traffic Count | <input type="checkbox"/> 4 foot wide walking path |
| <input type="checkbox"/> Other (Please specify): _____ | _____ | |

Hazards crossing over the roadway:

- | | | |
|--------------------------------------------------------|----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Speed Limit | <input type="checkbox"/> Traffic Count | <input type="checkbox"/> 6 or more "travel lanes" |
| <input type="checkbox"/> Other (Please specify): _____ | _____ | |

<p>Please provide any additional concerns, not associated with the Florida Statute above, such as sidewalks and lighting concerns, and we will forward them to the appropriate jurisdictional authority:</p>

Please forward completed form to our Routing Department, using one of the following options:

1. **Email:** transportation.busstoprequest@leonschools.net
2. **Fax:** 850-414-9694

3. **Mail:** LCS Transportation Department
1156 Capital Circle SW
Tallahassee, FL 32304