

DEPARTMENT OF TRANSPORTATION SERVICES
CITY AND COUNTY OF HONOLULU

650 SOUTH KING STREET, 3RD FLOOR
HONOLULU, HAWAII 96813



TheBus DATA REQUEST FORM

**Approved Requests may take up to 30 days to complete.
Specify the purpose of the request for data.
Provide detailed information on the type of data requested.**

Name: _____ Agency: _____

Address: _____

Email: _____ Phone number: _____

Date: _____ Purpose of Request: _____

Request (attach additional pages if needed): _____

Data Period: Year: _____

Bus Schedule (Spring, Summer, Fall, Winter): _____

Bus Service (M-F, Sat, Sun): _____

Type of data: Bus Route Ridership (Specify route numbers): _____

Bus Stop Ridership (Specify bus stop ID numbers): _____

Other (Specify): _____

Data Format: .xlsx .csv

Email Questions and Completed Form to: thebusstop@honolulu.gov