Name of Mural Applicant__________________________________    Phone (____)_____________

School or Organization Name ____________________________       Today’s Date _____________

Please check one  below: do you want Metro to eMail or Mail you your project  information, including a map to pickup paint and panels.

❑ eMail Forms To: _________________________________________, or

❑ Mail Forms To: _________________________________________ City ________________________, WA   Zip ___________

If you are a participating school or community group, an adult artist must oversee your mural design and painting.

Artist/Art Coordinator ________________________________________ Phone_________________
(If different than applicant)

Most projects take one to three months depending on the size of group and hours the group paints per day/week.

I want to pick up the materials by (date) ____/____/____ (minimum 3 weeks from today’s date)

I will return completed mural by (date) ____/____/____ (maximum 3 months from your pickup date)

Shelter Selections:    __  __  __  __  __,          __  __  __  __  __,          __  __  __  __  __
Select 2 or 3 shelters without murals.  Locate yellow number on front of shelter; write shelter #’s in order of preference.

Age Group:   __ Preschool   __Elementary   __Middle   __High School   __College   __Adult   __Senior

Number of hours per painting session _______         Total number of painting sessions _______

Number of people involved ___________

Mural Theme/Description (Attach color sketches of your panel designs, if available.)

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

The artist/coordinator agrees to complete this public art project by the above mural return date.  Metro reserves the right
to not display artwork that appears incomplete, sloppy or poorly done.

Artist/Art Coordinator Signature _______________________________________

Mail Application to: Bus Shelter Mural Program, Metro Transit, 201 S Jackson St, KSC-TR-0413, Seattle, WA  98104
Fax Application to:  206-684-1860 or eMail Application to: rose.mccracken@kingcounty.gov

Panel Order:     Pick Up Date __________      Work Request __      Database __      Packet Sent __
___WS (P53)    ___Half WS    ___P33     ___P32     ___P31     ___P34      ___Paint
Shelter # ________ Location ________________________________________________ Dir _____

Mural Location: ___  Lower panels only                       ___  Upper & lower panels
___  Inside and outside                       ___  No back; Backside not visible