

REASONABLE MODIFICATION REQUEST

The information obtained in this process will only be used by the Municipal Transit Administration (MTA) for the provisions of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

Name_____

Address_____

City_____ State_____ Zip Code_____

Telephone Number _____ E-mail_____

Please mark the type of service you will be using.

Fixed Route Service _____ Para transit service _____

Reasonable Modification Request (Optional): Describe any modifications to MTA's policies, practices or procedures in order for you (an individual with disabilities) to access MTA's services. (These requests may also be made as you schedule your service for paratransit.)

For Office Use Only

Received _____

Responded _____

Approved/Denied _____

Initial _____

Notes: _____