

ADTS Reasonable Modification Request Form

Name of Rider: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (336) _____

Email address: _____

If the request is being made by someone else on behalf of the rider, please provide name, relationship to the rider, and telephone number:

Advocate Name: _____

Relationship to Rider: _____

Telephone Number: (336) _____

- 1. Describe the rider's disability or disabilities.

- 2. Describe the service policy or program that may need to be modified to allow the rider full access to the transit services provided.

- 3. How does the current service policy or program prevent the rider from using the transit service or program?

- 4. Please describe the specific modification to the current policy/procedure that you are requesting.

5. How would you like ADTS to respond to your request?

In writing to the address listed above

By email to the address listed above

If future communications regarding this request are needed in an alternate format, please indicate the appropriate format below:

Large Print (font size needed: _____)

Spanish

**This form can be requested in large print or Spanish by calling (336) 349-2343; TTY Relay 711; or by emailing modell@adtsrc.org

Please send the completed form and any required documentation of disability to:

Transit Director
ADTS
PO Box 1915
Reidsville, NC 27323-1915

Electronic versions of the completed form and scans of required documentation of disability should be sent to modell@adtsrc.org

ADTS will provide a written response to your Request for a Reasonable Modification within seven (7) days of its receipt. To check on the status of the request, call ADTS at (336) 349-2343; TTY Relay 711.