REASONABLE MODIFICATION REQUEST FORM

Name of Passenger: _____________________________________________________________
Street Address: _______________________________________________________________
City: ________________________________ State: ________________ Zip: ____________
Telephone: (____) ______-_______
Email address: ________________________________________________________________
Advocate Name: _____________________________________________________________
Relationship to passenger: _____________________________________________________
Telephone: (____) ______-_______

1. Describe the service policy or program that may need to be modified to allow the passenger full access to the transit service provided. ____________________________________________________________

2. How does the current service policy or program prevent the rider from using the transit service program? ____________________________________________________________

3. Please describe the specific modification to the current policy/procedure that you are requesting. ____________________________________________________________

4. How would you like the (transit agency) to respond to your request?
☐ in writing to the address provided above ☐ by email

If further communications regarding this request are needed in an alternate format, please indicate the appropriate format below:  ☐ large print (font size: ________)  ☐ Spanish

This form can be requested in large print or Spanish by calling 704-986-3790, TTY 1-800-735-2962 or emailing cmoffitt@stanlycountync.gov

Please send the completed forms and any required documentation of disability to:
Transit Director (cmoffitt@stanlycountync.gov)

Electronic versions of the completed form and scans of required documentation of disability should be sent to (cmoffitt@stanlycountync.gov).

SCUSA will provide a written response to your Request for a Reasonable Modification within (7) days of its receipt.