ALAMANCE COUNTY TRANSPORTATION AUTHORITY
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

This form can be requested in large print or Spanish by calling 336-222-0565.

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

ALAMANCE COUNTY TRANSPORTATION AUTHORITY COORDINATOR
P.O. BOX 2746
BURLINGTON, NC 27216
PHONE: (336) 222-0565

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