

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.  
\_\_\_\_\_

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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.  
\_\_\_\_\_  
\_\_\_\_\_

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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.