

Request for Reasonable Modification

Date:	
Submitted by:	
Cell Phone:	
Email:	

Rider Information:

Name	
Address	
Phone	
Email	

Please describe what modification the rider needs to use the transportation service: (if additional space is needed, please use the back of this form or another sheet of paper and attach it to this form).

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Does the person who needs modification currently use the transit service? Yes No

If yes, please describe the current riding experiences without this requested modification.

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Submit this form to:

ADRC of Marquette County- Transportation Program
428 Underwood Ave.
Montello WI 53949

OR

adrc@co.marquette.wi.us

The Transportation Program will process requests for reasonable accommodation and then provide the modification, where appropriate, within thirty (30) business days. **The Transportation Program** will communicate directly with the person requesting the modification. **The Transportation Program** recognizes, however, that the time necessary to process a request will depend on the nature of the modification(s) requested and whether it is necessary to obtain supporting information. If the modification is denied, an appeal process is in place.

Official Use Only

		Date Received:	
		Request Number:	
Notes:			
Approved/Denied: <i>(Specify)</i>			
Official Name:			
Date:			