



ASSIST TO INDEPENDENCE

REASONABLE ACCOMMODATION REQUEST FORM

NAME OF RIDER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (____) _____

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: (____) _____

DESCRIBE THE RIDER'S DISABILITY OR DISABILITIES

Please attach some form of documentation verifying the rider's disability.

DESCRIBE THE SERVICE, POLICY OR PROGRAM

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