Public Transit Reasonable Modification Request Form

For passengers requesting a change to a policy, practice, or procedure because of a disability

Use this form to request a reasonable modification so that you can use public transit services. Requests may be made in advance whenever possible, or at the time service is needed when advance notice is not feasible. The transit agency will review each request individually and may deny a request if it would fundamentally alter the service, create a direct threat to health or safety, is not necessary for the passenger to use the service, or would create an undue financial or administrative burden.

Passenger Information

Passenger full name:	_____
Date of request:	_____
Street address:	_____
City, state, ZIP:	_____
Phone number:	_____
Email address:	_____

Person Completing This Form

Is this request being completed by someone other than the passenger?	☐ **No** ☐ **Yes**
Name of person completing form:	_____
Relationship to passenger:	_____
Phone/email:	_____

Requested Modification

Type of service:	☐ **Fixed route bus** ☐ **Demand response/paratransit** ☐ **Other:** _____
Date/time of trip, if applicable:	_____
Route, stop, origin, or destination, if applicable:	_____
Describe the policy, practice, or procedure you are asking to have modified:	_____ _____ _____

Describe the specific modification requested:	_____ _____ _____
Explain why this modification is needed for the passenger to use the transit service:	_____ _____ _____

Preferred Response Method

How would you like the transit agency to respond to your request?

☐ Phone ☐ Email ☐ Mail ☐ Other: _____

Signature

I certify that the information provided is true and complete to the best of my knowledge. I understand the agency may contact me for additional information needed to evaluate this request.

Signature of passenger or authorized representative:

_____ **Date:** _____

Submit Completed Form To

Transit Agency: Tri-City Roadrunner
Attention: Training, Safety and Compliance Coordinator
Mailing address: 1825 10th Street, Gering, NE 69341
Phone: 308-436-6687
Email: tricityroadrunner@scottsbluffcountyne.gov

Accessible formats, language assistance, and help completing this form are available upon request.

For Agency Use Only

Date received:	_____
Reviewed by:	_____
Decision:	☐ Approved ☐ Denied ☐ More information needed
If denied, reason:	☐ Fundamental alteration of service ☐ Direct threat to health or safety ☐ Not necessary for passenger to use service ☐ Undue financial or administrative burden ☐ Other: _____
Response sent date:	_____
Appeal information provided:	◯ Yes ◯ No ◯ Not applicable