

# **CHOANOKE PUBLIC TRANSPORTATION AUTHORITY**

## **PASSENGER REASONABLE ACCOMMODATIONS REQUESTS**

### **REASONABLE MODIFICATION/ACCOMODATION POLICY**

The Federal Department of Transportation (DOT) has recently revised the rules for the American with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973. The revised rules provide for public transit organizations to make reasonable modifications and accommodations to policy, practices, and procedures to avoid discrimination, and ensure accessibility to individuals with disabilities.

Individuals with disabilities may request that CPTA make a reasonable accommodation in order for that individual to fully use transit services. All requests should be made in advance by filling out and submitting a Reasonable/Accommodation Request form to CPTA.

Please see information below to obtain and file a request.

CPTA will accommodate requests provided that:

1. Fundamental nature of the service, program or activity is not altered, or
2. It does not cause a direct threat to the health or safety of others, or
3. It does not result in an undue financial and administrative burden, or
4. The requestor would not be able to fully use the service provided by CPTA without the modification.

There are several ways to obtain and submit a Reasonable Modification/Accommodation request form:

1. Fax a request to 252-539-2533
2. Send an email to [dispatch1@choanokepta.org](mailto:dispatch1@choanokepta.org)
3. Call 252-539-2022 ext. 222
4. Mail a request to: Choanoke Public Transportation Authority

P. O. Box 320

Rich Square, NC 27869

## PASSENGER REASONABLE ACCOMMODATIONS REQUEST FORM

Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_  
Mailing  
Address: \_\_\_\_\_

Street  
Address: \_\_\_\_\_  
\_\_\_\_\_

Description of the Reasonable Accommodations needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State why you are unable to ride without this accommodation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete this form to request a reasonable accommodation from CPTA.

Submit the completed form to CPTA via:

Fax: 252-539-2533

Email: [dispatch1@choanokepta.org](mailto:dispatch1@choanokepta.org) or

Mail: CPTA, P. O. Box 320 Rich Square, NC 27869

**CHOANOKE PUBLIC TRANSPORTATION AUTHORITY  
PASSENGER REASONABLE ACCOMMODATIONS REQUEST  
INVESTIGATION/RESPONSE FORM**

**Would making the modification/accommodation**

1. Alter the fundamental nature of CPTA's service?    **YES**            **NO**

**If YES, explain how and/or why**

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2. Cause a direct threat to the health or safety of others?    **YES**    **NO**

**If YES, explain how and/or why**

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3. Cause an undue financial or administrative burden on CPTA?    **YES**    **NO**

**If YES, explain how and/or why**

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4. Would the requestor be able to fully use the service provided by CPTA without this modification?            **YES**    **NO**

**If YES, explain how and/or why**

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**PLAN OF RESOLUTION:**

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