



223 W. Meadowview Rd  
 Greensboro, NC 27406  
 Telephone: 336-373-2182  
 FAX: 336-373-2809  
 Email: reasonmodreq@greensboro-nc.gov

## Reasonable Modification Request Form

*Please fill out this form completely in print or type. Sign and return the form to the City's Central Contracting Specialist via mail, fax or by email at least 10 business days in advance of reasonable modification need. A written response to your request will be returned within 7 business days of receipt. If you require assistance completing this form, please contact the Central Contracting Specialist at (336) 373-2182.*

### Qualified Individual Information

Name		Email address	
Street address		City	
State	Zip	Telephone (include area code)	
Advocate name		Telephone (include area code)	

### How would you like GTA to contact you?

Email     
  Mail     
  In Person     
  Telephone     
  Other \_\_\_\_\_

**1. Please describe the service policy/program that may need to be modified to allow the passenger full access to the transit service provided.**

---

**2. How does the current service policy/program prevent the passenger from using the transit service program?**

---

**3. Please describe the specific modification to the current policy/procedure that you are requesting.**

---

If further communications regarding this request are needed in an alternative format, please indicate the appropriate format.

Spanish     
  Large Print (font size \_\_\_\_\_)

**Please sign and date this request. You do not need to sign if submitting this form by email, just type your name.**

**Signature**

**Date**

*Parent or Legal Guardian may sign on behalf of minor child. Legal Guardian, Power of Attorney, or equivalent may sign on behalf of adult documentation is required.*

**For Administrative Use Only:**

Action taken: \_\_\_\_\_

Date received: \_\_\_\_\_

ADA Administrator signature

Date