Transylvania County Transportation System
REASONABLE MODIFICATION REQUEST FORM

Name of Passenger: _________________________________________________________
Street Address: _____________________________________________________________
City: __________________________ State: _______________ Zip: _____________
Telephone: (____) _______ - ________
Email address: ______________________________________________________________
Advocate Name: ____________________________________________________________
Relationship to passenger: ____________________________________________________
Telephone: (_____) _______.-________

1. Describe the service policy or 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 or program prevent the rider from using the transit service program?
______________________________________________________________________
______________________________________________________________________

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

4. How would you like the (transit agency) to respond to your request?
☐ in writing to the address provided above  ☐ by email

If further communications regarding this request are needed in an alternate format, please indicate the appropriate format below:  ☐ large print (font size: ________)  ☐ Spanish

This form can be requested in large print or Spanish by calling 828-884-8203 or emailing transport@transylvaniacounty.org

Please send the completed forms and any required documentation of disability to the Transylvania County Transportation Office at 98 E Morgan Street, Brevard NC 28712 or electronic versions of the completed form and scans of required documentation of disability should be sent to transport@transylvaniacounty.org.

Transylvania County Transportation will provide a written response to your Request for a Reasonable Modification within (7) days of its receipt.