

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](mailto: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](mailto:transport@transylvaniacounty.org).

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