

ADA Reasonable Modification Request Form

Use this form to request a modification to current the Areawide Community Transportation System's (ACTS) policies or procedures. Be specific and provide as much detailed information as possible. This will allow us to effectively process and evaluate your request. Before filling out this form please review the ACTS Americans with Disabilities Act (ADA) Request for Reasonable Modifications Procedures.

Please include the following items in your request:

- Based on a disability, why is the modification necessary?
- Provide a description of your limitation(s) and how it is affected by ACTS policies/procedures.

Name:

Date:

Phone#:

Email address:

Mailing Address:

Best way to contact you:

Modification Request:

Please send to:

Shane Christian
Project Director
East Alabama Regional Planning and Development Commission
256-237-6741
TTY Relay: 711
www.earpdc.org

All the information involved with this process will be kept confidential.