

AppalCART
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 _____:
TTY _____ or emailing _____.

Please send the completed forms and any required documentation of disability to:
AppalCART
Director
305 NC Hwy 105 Bypass
Boone, NC 28607

Electronic versions of the completed form and scans of required documentation of disability should be sent to director@appalcart.com

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