**Champaign Transit System**

**REQUEST FOR RIDER REASONABLE MODIFICATION**

In determining whether to grant a requested modification, Champaign Transit System (CTS) will be guided by the provisions of The United States Department of Transportation regulations and guidance in Appendix E of Title 49 CFR Part 37, Transportation Services for Individuals with Disabilities (ADA) and specifically to the provisions of Section 37.169.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

 Describe the/any modification(s) to CTS policies, practices or procedures to assist you to access the CTS service. **(Attach additional sheets if needed)**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**After completion of this form please mail, fax, email or deliver to:**

**Champaign Transit System, Director**

**1512 S US Highway 68, Suite K 100,**

**Urbana, Ohio 43078**

**Fax: 937-653-3196**

**Email: bkoons@co.champaign.oh.us**