



Americans with Disabilities Act (ADA) Reasonable Modification Request Form

In accordance with the Americans with Disabilities Act (ADA) and directives from the Federal Transit Administration, Clinton Transit will make every effort, to the maximum extent feasible, to ensure that a person with a disability has access to, and benefits from, its services. Clinton Transit will make reason modifications to its policies, programs, and procedures applicable to its transportation services, when necessary to avoid discrimination and ensure accessibility for people with disabilities.

Passenger Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: (_____) _____ - _____

Email address: _____

If the request is being made by someone else on behalf of the passenger, please provide name, relationship to the passenger, and telephone number:

Advocate Name: _____

Relationship to Passenger: _____

Telephone number: (_____) _____ - _____

1. Describe the passenger's disability or disabilities.

2. Describe the service policy or program that may need to be modified to allow the passenger full access to the transit services provided.

3. How does the current service policy or program prevent the passenger from using the transit service or program?

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

5. How would you like Clinton Transit to respond to your request?

_____ In writing to the address listed on page 1

_____ By email to the email address listed on page 1

If future communications regarding this request are needed in an alternate format, please indicate the appropriate format below:

_____ large print (font size needed: _____)

_____ Spanish

This form can be requested in large print or Spanish by calling 989-224-8127 or emailing schuttm@clintontransit.com.

Please send the completed form *and any required documentation of disability* to:

Clinton Transit ADA Coordinator
Clinton Area Transit System
215 North Scott Road
St. Johns, MI 48879
Fax: (989) 224-7034
Email: schuttm@clintontransit.com

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

Clinton Area Transit System will provide a written response to your Request for a Reasonable Modification within seven (7) days of its receipt. To check on the status of the request, call Clinton Transit at 989-224-8127.