ADA Reasonable Modification Request Form

Use this form to request a modification to current Transit System 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 Our Transit System's American's with Disability 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 Our Transit System's policies/procedures.

Name:	
Date:	
Phone #:	
Priorie #:	
Email Address:	
Mailing Address:	
Best way to cont	act you:
Modification Req	uest:

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