

#### Americans with Disabilites Act of 1990

### **Reasonable Modification/ Accommodation**

## **Request Form**

# Reasonable modification requests should be made in advance but is not required.

| Section I                 |                   |  |  |   |   |
|---------------------------|-------------------|--|--|---|---|
| Name:                     |                   |  |  |   |   |
| Address:                  |                   |  |  |   |   |
| City:                     | •                 | State:   |  | Zip Code:   |   |
| E-Mail Address:           |                   | and the second sec | a second production of the second secon | an an ann an Anna ann an Anna ann an Anna an An | n na na Frantsenna an an Angelen an an <mark>a</mark> n an Anna An Anna An Anna |
| Contact: Home:            |                   | Cell:  |  | а а с   | с а<br>а а  |
| Please check if you have  | any accessible    | format needs:  |  |   |   |
| 🔲 Large Print             | TDD               | Audio Tape   | 🛛 Oth  | ıer   |   |
| Section II                |                   |  |  |   |   |
| Are you filing this reque | st on your own    | behalf? □Yes   | 🗆 No   |   |   |
| If you answered "Yes" to  | o this question,  | go to Section 3.   |  |   |   |
| If "No", indicate name a  | nd relationship   | of person for whom   | you are fil  | ing this form.  |   |
| Name:                     | -                 |  |  |   |   |
| Relation, if any:         |                   |  |  |   |   |
| Reason for your particip  | ation:            |  |  |   |   |
| Do you have permission    | to act on their b | ehalf? Yes □   | No   |   |   |

## Section III

Please state the location to which you need the modification or accommodate. Please include ail such as Lebanon Transit service (Bus/Shared Ride/Other), Lebanon Transit facility name/location, route number, vehicle number and/or bus stop number as applicable.

Explain as clearly the details of what is needed to equally use Lebanon Transit services or participate in its programs. If more space is needed, please attach an additional sheet of paper.

You may attach any written materials or other information that you think is relevant to your request.

# Signature and date required below.

Signature:

Date: \_\_\_\_\_

Please mail this form to:

Ms. Theresa L. Giurintano Lebanon Transit 200 Willow Street Lebanon, PA 17046

If you have any questions, please contact Lebanon Transit at 717.274.3664

| For Office Use Only |   |      |  |
|---------------------|---|------|--|
| Date Received       | · |      |  |
| Received by         |   | <br> |  |
| Response Date       |   |      |  |
| Close Date          |   |      |  |
| -                   |   |      |  |

Lebanon Transit 200 Willow Street Lebanon, PA 17046 717.274.3664