



Americans with Disabilities 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: _____

Contact: Home: _____ Cell: _____

Please check if you have any accessible format needs:

- Large Print TDD Audio Tape Other

Section II

Are you filing this request on your own behalf? Yes No

If you answered "Yes" to this question, go to Section 3.

If "No", indicate name and relationship of person for whom you are filing this form.

Name: _____

Relation, if any: _____

Reason for your participation: _____

Do you have permission to act on their behalf? Yes No

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

<p>For Office Use Only</p> <p>Date Received _____</p> <p>Received by _____</p> <p>Response Date _____</p> <p>Close Date _____</p>
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Lebanon Transit
200 Willow Street
Lebanon, PA 17046
717.274.3664