

County of Lebanon Transit Authority (LT)



ADA/ Reasonable Modification/Accommodation Request Form

(Reasonable modification requests should be made in advance but is not required)

Section 1

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 2

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 the name and the relationship of the person for whom you are filing this form for.

Name: _____

Relation, if any: _____

Reason for your participation: _____

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

Section 3

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Section 4

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:

Lebanon Transit

Attention: Executive Director

200 Willow Street

Lebanon, PA 17046

(or)

Phone: 717-274-3664

(or)

Email: aluciotti@lebanontransit.org

For Office Use Only

Date Received _____

Received by _____

Response Date _____

Close Date _____

Lebanon Transit
200 Willow St
Lebanon, Pa 17046
717-274-3664

Lebanon Transit is a Drug Free Workplace
Lebanon Transit is an Equal Employment Opportunity Employer