County of Lebanon Transit Authority (LT)

lebanon transit

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

Name: _____

Relation, if any: _____

Reason for your participation: _____

_____

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

Section 3

Please state the location to which the modification or accommodate applies to. Please include details such as Lebanon Transit service (Light Rail, Bus and Paratransit), Lebanon Transit facility name/location, route number, vehicle number, and/or bust stop number as applicable.

_____

_____

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_____

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

_____

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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

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For Office Use Only

Date Received _____

Received by _____

Response Date _____

Close Date _____
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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