

REASONABLE MODIFICATION REQUEST

The information obtained in this process will only be used by the Burlington Urban Service (BUS) for the provisions of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

Name _____		
Address _____		
City _____	State _____	Zip Code _____
Telephone Number _____	E-mail _____	
Please mark the type of service you will be using.		
Fixed Route Service _____	Para transit service _____	

Reasonable Modification Request (Optional): Describe any modifications to BUS's policies, practices or procedures in order for you (an individual with disabilities) to access BUS's services. (These requests may also be made as you schedule your service for paratransit.)

<i>For Office Use Only</i>	
Received _____	Responded _____
Approved/Denied _____	Initial _____
Notes: _____	