



**DARE COUNTY TRANSPORTATION
REASONABLE MODIFICATION REQUEST FORM
AMERICAN WITH DISABILITIES ACT**

Name of Passenger: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Cellphone: (_____) _____

Email address: _____

Advocate Name: _____

Relationship to Passenger: _____

Telephone: (_____) _____

1. Describe the service policy or program that may need to be modified to allow the passenger full access to the transit service provided.

2. How does the current service policy or program prevent the rider from using the transit service program:

3. Please describe the specific modification to the current policy/procedure that you are requesting.

4. How would you like Dare County Transportation to respond to your request?

in writing to the address provided above electronically to the email provided above

This form can be requested in large print or Spanish or by calling: (252)475-5500

Please send the completed forms and any required documentation of disability to:

DARE COUNTY TRANSPORTATION

PO BOX 1000

MANTEO, NC 27954

PHONE: (252) 475-5641

Dare County Transportation will provide a written response to your Request for a Reasonable Modification within (7) days of its receipt.