

# Request for Reasonable Modification

Date:	
Submitted by:	
Cell Phone:	
Email:	

Submitted on behalf of: (please specify)

<input checked="" type="checkbox"/>	Myself	
<input checked="" type="checkbox"/>	Someone else ( <i>insert name of rider</i> )	

## Contact Information of Rider

Address	
Phone	
Email	

Please describe what modification the rider needs to use the transportation service: (if additional space is needed, please use the back of the form).

Does the person who needs modification currently ride City of Berlin Senior Transportation

Program?  Yes  No

If yes, please describe the current riding experiences without this requested modification.

Submit this form via:

- 1) Attention: **Rebecca Bays**
- 2) Mail to: Rebecca Bays **142 Water Street, City of Berlin USA, WI 54923**
- 3) Email to: `seniorcenter@cityofberlin.wi.gov`

**City of Berlin Senior Transportation Program** will process requests for reasonable accommodation and then provide the modification, where appropriate, within thirty (30) business days. **City of Berlin Senior Transportation Program** will communicate directly with the person requesting the modification. **City of Berlin Senior Transportation Program** recognizes, however, that the time necessary to process a request will depend on the nature of the modification(s) requested and whether it is necessary to obtain supporting information. If the modification is denied, an appeal process is in place.

**Official Use Only**

		Date Received:	
		Request Number:	
Notes:			
Approved/Denied: (Specify)			
Official Name:			
Date:			