



# Reasonable Modification Request Form

ADA Administrator  
100 W 5<sup>th</sup> Street  
Winston-Salem, NC 27101  
Telephone: 336-727-2000  
FAX: 336-748-3161  
Email: reamodreq@wstransit.com

Please fill out this form completely in print or type. Sign and return to the ADA Administrator via mail, fax or email at least 10 business days in advance. If you require assistance completing this form, please contact the ADA Administrator.

### Qualified Individual Information

FIRST NAME		LAST NAME	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code)	
STREET ADDRESS		CITY	
STATE	ZIP	EMAIL ADDRESS (If available)	

### How would you like us to contact you?

Email       Mail       In Person       Telephone       Other \_\_\_\_\_

Please describe the requested modification and provide any supporting documentation necessary to assist in processing the request. Attach additional pages if needed.

Please sign and date this request. You do not need to sign if submitting this form by email, just type your name.

### Signature

Parent or Legal Guardian may sign on behalf of minor child.

Legal Guardian, Power of Attorney, or equivalent may sign on behalf of adult documentation is required.

### Date

### For Administrative Use Only:

Action taken:

Date received

ADA Administrator signature

Date