



Reasonable Modification Request Form

ADA Compliance
100 W 5th 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. The Winston-Salem Transit Authority will provide a written response to your request for a Reasonable Modification within 7 days of its receipt. If you require assistance completing this form, please contact the ADA Compliance Office.

Qualified Individual Information

Name		Email address	
Street address		City	
State	Zip	Telephone (include area code)	
Advocate name		Telephone (include area code)	

How would you like WSTA to contact you?

Email Mail In Person Telephone Other _____

1. Please describe the service policy/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/program prevent the passenger from using the transit service program?

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

If further communications regarding this request are needed in an alternative format, please indicate the appropriate format.

Spanish Large Print (font size _____)

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