

## Champaign Transit System

### REQUEST FOR RIDER REASONABLE MODIFICATION

In determining whether to grant a requested modification, Champaign Transit System (CTS) will be guided by the provisions of The United States Department of Transportation regulations and guidance in Appendix E of Title 49 CFR Part 37, Transportation Services for Individuals with Disabilities (ADA) and specifically to the provisions of Section 37.169.

Name: \_\_\_\_\_ Telephone: Home \_\_\_\_\_

Cell \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe the/any modification(s) to CTS policies, practices or procedures to assist you to access the CTS service. **(Attach additional sheets if needed)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**After completion of this form please mail, fax, email or deliver to:**

**Champaign Transit System, Director**

**1512 S US Highway 68, Suite K 100,**

**Urbana, Ohio 43078**

**Fax: 937-653-3196**

**Email: [gledford@co.champaign.oh.us](mailto:gledford@co.champaign.oh.us)**