

**Attachment A**  
**ADTS Reasonable Modification Request Form**

Name of Rider: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Telephone Number: (336) \_\_\_\_\_

Email address: \_\_\_\_\_

If the request is being made by someone else on behalf of the rider, please provide name, relationship to the rider, and telephone number:

Advocate Name: \_\_\_\_\_

Relationship to Rider: \_\_\_\_\_

Telephone Number: (336) \_\_\_\_\_

1. Describe the rider's disability or disabilities.

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2. Describe the service policy or program that may need to be modified to allow the rider full access to the transit services provided.

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3. How does the current service policy or program prevent the rider from using the transit service or program?

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

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5. How would you like ADTS to respond to your request?

☐ In writing to the address listed above

☐ By email to the address listed above

If future communications regarding this request are needed in an alternate format, please indicate the appropriate format below:

☐ Large Print (font size needed: \_\_\_\_\_)

☐ Spanish

**\*\*This form can be requested in large print or Spanish by calling (336) 349-2343; TTY Relay 711; or by emailing [modell@adtsrc.org](mailto:modell@adtsrc.org)**

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

Transit Director  
ADTS  
PO Box 1915  
Reidsville, NC 27323-1915

Electronic versions of the completed form and scans of required documentation of disability should be sent to [modell@adtsrc.org](mailto:modell@adtsrc.org)

ADTS will provide a written response to your Request for a Reasonable Modification within seven (7) days of its receipt. To check on the status of the request, call ADTS at (336) 349-2343; TTY Relay 711.