

Date: \_\_\_\_\_

## **Request for Reasonable Modification**

☐ Approved ☐ Denied By: \_\_\_\_\_

Submitted by:	Date:
Submitted on behalf of $\square$ Myself $\square$ Someone else:	
Address:	Name 
Phone Number:(Please provide best phone number to read	ch you)
Email:	
Please describe what modification you need in order to use use the back of the form)	the LTD bus service: (if additional space is needed, please
Does the person who needs this modification currently ride	e LTD?
If yes, please describe the current bus riding experiences w	ithout this requested modification:
Submit this form via:	
1) LTD Customer Service Center, Attn: Accessible Serv	rices
2) Mail to: Accessible Services, LTD, 1080 Willamette	Street, Eugene OR 97401
3) Email to: <u>AccessibleServices@LTD.org</u>	
thirty (30) business days. LTD will communicate directly with	depend on the nature of the modification(s) requested and
OFFICIAL USE ONLY.	Date Received: Request #
Notes:	