TWIN CITIES AREA TRANSPORTATION AUTHORITY

ADA Reasonable Modification Request Form

Instructions: Please fill out this form completely, sign and mail, fax, or email to:

TCATA ADA coordinator

Twin Cities Area Transportation Authority
Attn: ADA Coordinator
275 East Wall Street
Benton Harbor, Michigan 49022

Fax: 269-927-2310 **Email:** office@tcatabus.org (Attn: ADA Coordinator)

Rider:
Street Address:
City, State, and Zip Code:
elephone: Home: Mobile:
mail address:
Person requesting modification (if other than the rider):
Address:
City, State and Zip Code:
elephone: Home: Mobile:
mail Address:
Describe the rider's disability or disabilities.
Describe the service policy or program that may need to be modified to allow the rider ull access to the transit services provided
low does the current service policy or program prevent the rider from using the transit ervice or program?

Please describe the specific modification to the current policy/procedure that you are requesting.
How would you like (transit agency) to respond to your request?
O In writing to the address listed aboveO 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:
O large print (font size needed:) O Spanish O Audio O Other
This form can be requested in large print by calling 269-927-2268; or emailing

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

office@tcatabus.org (Attn: ADA Coordinator).

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Electronic versions of the completed form and scans of required documentation of disability should be sent to office@tcatabus.org. Please write "Attn: ADA Coordinator" in the subject line.

Twin Cities Area Transportation Authority (TCATA) will provide a written response to your request within seven days of its receipt. To check on the status of the request, call TCATA at 269-927-2268; or email office@tcatabus.org (Attn: ADA Coordinator).