

TARTA'S REASONABLE MODIFICATION APPEAL FORM

In determining whether to grant a requested modification, the Toledo Area Regional Transit Authority (TARTA) will be guided by the provisions of the Americans with Disabilities Act (ADA) as amended and the United States Department of Transportation (DOT) regulations in conjunction with the guidance provided in Appendix E of Title 49 CFR Part 37.

Name of individual requesting modification _____

Name of individual wishing to utilize modification _____

Address of passenger who needs modification _____

City _____ State _____ Zip Code _____

Telephone Number (Home) _____ Telephone Number (Cell) _____

Date modification requested _____ Date modification denied _____

Reason for appeal _____

This form may be dropped off in person at 1127 W. Central Ave.; mailed to TARTA Human Resources, 1127 W. Central Ave., Toledo, OH 43610; or completed online at www.tarta.com.

For Office Use Only: _____ Date Received _____ To HR for evaluation

_____ Request Approved/Denied

_____ Response Issued _____ Notification sent