



Reasonable Modification Request Form

For Office Use Only

Date Received: _____
Sent for Evaluation: _____
Response Issued: _____
Approved: _____ Disapproved: _____
Date Eligibility Established: _____
Notification Sent: _____

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 passenger wishing to utilize modification: _____
FIRST MIDDLE LAST

Address of passenger who needs modification:

Street _____

City _____ State _____ Zip Code _____

Phone# (Primary) _____ Phone# (Secondary) _____

Describe any modifications to TARTA's policies, practices, or procedures that may affect your ability to fully utilize the services offered (attach additional sheets if necessary):

Describe the current challenges that prevent you from fully utilizing TARTA's services:

Please indicate the address where you will need the requested modification:

*Please return this form to TARTA Move's secure fax at 419-724-6659 or mail to
TARTA Move at 130 Knapp St., Toledo, OH 43604.*