

Board Approved: June 14, 2022

Attachment C

**Gladwin City County Transit
ADA Reasonable Modification Request Form**

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

Gladwin City County Transit ADA Coordinator
615 Weaver Court
Gladwin, MI 48624
989-426-5947 Fax
kim@gladwintransit.com

Rider: _____

Street Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____ Mobile: _____

Email address: _____

Person requesting modification (if other than the rider): _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Mobile: _____

Email Address: _____

Describe the rider's disability or disabilities. _____

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

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

- 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 by calling (989) 426-6751; TTY 711, or emailing kim@gladwintransit.com.

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

Gladwin City County Transit ADA Coordinator
615 Weaver Court
Gladwin, MI 48624
989-426-5947 Fax
kim@gladwintransit.com

Electronic versions of the completed form and scans of required documentation of disability should be sent to kim@gladwintransit.com

GCCT will provide a written response to your request within seven days of its receipt. To check on the status of the request, call GCCT at (989) 426-6751, TTY 711, or email kim@gladwintransit.com