

EMTA Fixed Route - Reasonable Modification Request Form

Section 1

Name: _____

Address: _____
Street Address City State Zip Code

Telephone (Home): _____ Telephone (Alternate): _____

Email Address: _____

If you require accessible format(s), please check the appropriate box(es):

Large Print Audio Tape TDD Other, please specify _____

Section 2

Are you filing this request on your own? Yes (If yes, Go to Section 3) No (If no, go to next line)

Please provide the name and address of the person who requests this modification:

Name: _____

Address: _____
Street Address City State Zip Code

Please explain why you are filing this request for a third party:

Please confirm that you have obtained permission. Yes No

Section 3

Please explain in detail the type of reasonable modification you are requesting. Do not include any unrelated health or diagnostic-specific personal information. Include a medical note, if applicable. If more space is needed, please use the back of the form or another sheet of paper.

Section 4

Have you previously filed a modification request with EMTA? Yes No

Section 5

Have you filed this request with any other Federal, State, or local agency, or with any Federal or State court?

Yes No *If yes, check all that apply and provide the name of the agency or court:*

Federal Agency: _____ Federal Court: _____ State Agency: _____

State Court: _____ Local Agency: _____

Please provide information about a contact person at the agency/court where the request was filed.

Name: _____ Title: _____

Agency: _____ Telephone Number: _____

Address: _____

Section 6

You may attach any written materials or other information that you think is relevant to your request.

I affirm that I have read the above and that it is true to the best of my knowledge, information and belief. **Signature and date required.**

Requestor's Signature Date

Please submit this form and any additional materials in person or mail to: ADA Coordinator, Erie Metropolitan Transit Authority, 127 East 14th Street, Erie, PA 16503. EMTA reserves the right to request additional information if necessary to process your request. Si se necesita información en otro idioma, por favor llame al (814-459-4287).

Erie Metropolitan Transit Authority use only: Date Received: _____ Person receiving request: _____