

**LIFT Paratransit - 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.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 4**

Have you previously filed a modification request with EMTA or LIFT?  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. LIFT 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: \_\_\_\_\_