Reasonable Modification Request Form

Americans with Disabilities Act (ADA)

Organization: Swain Public Transit
Policy: Swain Public Transit is committed to providing accessible services to all riders, including those with disabilities. We will grant requests for reasonable modifications to our policies, practices, or procedures unless doing so would fundamentally alter the nature of our service or create an undue burden.

SECTION 1: Requester Information

Please complete all fields below. This information will be kept confidential and used only for the purpose of processing your request.

Field	Response
Date of Request	
Full Name	
Phone Number	
Email Address	
Mailing Address	
Are you the person with the disability?	
If No, state your relationship to the person:	

SECTION 2: Description of Barrier and Disability

A. Description of the Barrier

Please describe the specific policy, rule, or practice of Swain Public Transit that currently prevents you from using our service effectively or equally.

Policy/Practice Causing the Barrier (e.g., "Must call 24 hours in advance," "Limit of 2 bags per rider"):

B. Disability Information

While you are **not required** to disclose the details of your disability, providing a general description may help us understand the nature of the requested modification and propose effective alternatives, if necessary.

General Description of Disability:

SECTION 3: The Specific Modification Request

A. Requested Change

What specific, alternative action or change to the policy/practice are you requesting that [Swain Public Transit] make to accommodate your disability?

I request the following modification:

B. Justification

Explain *why* the requested modification is necessary for you to use [Swain Public Transit] services. (How does the current policy/practice relate to your disability?)

Reason for Request:.

SECTION 4: Certification and Submission

By signing below, I certify that the information provided in this request is accurate and complete to the best of my knowledge. I understand that Swain Public Transit will review this request and respond within a reasonable timeframe.

Signature of Requester/Representative: _____

Date: _____

Submission Instructions

Please submit this completed form to the ADA Coordinator via one of the following methods:

Method	Contact Detail
Mail	125 Brendle St Bryson City NC 28713
Email	transit@stateoffranklin.org

SECTION 5: AGENCY USE ONLY (Internal Review)

Reviewer Name:	Date Received:

A. Review Determination

▢ APPROVED: Modification is granted as requested.
▢ DENIED: Modification is denied. (Must select reason below).
▢ ALTERNATIVE OFFERED: Modification is denied, but an alternative solution is offered.

B. Basis for Denial (Check all that apply)

▢ The requested modification would fundamentally alter the nature of Swain Public Transit's services.
▢ The requested modification would create an undue financial and administrative burden.
▢ The individual can already use the service without the modification.
▢ Other (Explain below).

C. Specific Details of Determination

Alternative Solution Offered (If applicable):

Explanation for Denial (If applicable):

Reviewer Signature: _____

Date of Response: _____