Monroe Transit System Reasonable Modification Request Form

Name of rider: _____________________________________________________

Street Address: ____________________________________________________________________________________________

City: __________________________ State: _________ Zip Code: _________

Telephone number: (______) _______ - _________

Email address: _____________________________________________________

If the request is being made by someone else on behalf of the rider, please provide name, relationship to the rider, and telephone number:

Advocate name: _____________________________________________________

Relationship to rider: _____________________________________________________

Telephone number: (______) _______ - _________

1. Describe the rider’s disability or disabilities.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

If the rider has been determined ADA paratransit eligible by Monroe Transit, please provide the rider’s ADA eligibility ID number: _____________________________

If the rider does not have an ADA eligibility ID number, please attach some form of documentation verifying the rider’s disability.

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

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

3. How does the current service policy or program prevent the rider from using the transit service or program?
4. Please describe the specific modification to the current policy/procedure that you are requesting.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

5. How would you like Monroe Transit System to respond to your request?

___ In writing to the address listed above
___ By email to the address listed above

6. 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 or Spanish by calling 318 329-2506; or emailing marc.keenan@ci.monroe.la.us.

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

Manager, Monroe Transit System
Monroe Transit System
400 Washington Street
Monroe, Louisiana 71201

Electronic versions of the completed form and scans of required documentation of disability should be sent to marc.keenan@ci.monroe.la.us.

Monroe Transit System will provide a written response to your Request for a Reasonable Modification within seven (7) days of its receipt. To check on the status of the request, call Monroe Transit System Customer Service at 318 329-2506.