Clarion County Transportation

Americans with Disabilities Act of 1990

Reasonable Modification/Accommodation Request Form

Section I				
Name:				
Address:				
Primary Telephone:		Alternate Telephone:		
Email:				
Accessible Format Requirements:	Large Print ☐	TDD ☐	Audio Tape ☐	Other ☐

Section II
Are you filing this request on your own behalf? If 'Yes' go to Section III. Yes ☐ No ☐
Name and your relationship to the person for whom you are filing this form:
Please explain why you are filing for a third party?
Do you have permission to act on behalf of the third party. Yes ☐ No ☐

Section III

Please state the location to which you need the modification or accommodation.

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Clearly explain the details of what is needed to equally use Clarion County Transportation services or participate in its programs. *Space continues on the back of this form.*

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Section III continued

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

Signature and Date are required

Submit form to:
General Manager, Clarion County Transportation, 338 Amsler Avenue, Suite 1, Shippenville, PA 16254

Questions can be directed to our office at (814) 226-7012 or SRaybuck@mtm-inc.net