

**MARTIN COUNTY TRANSIT  
REASONABLE MODIFICATION REQUEST FORM  
AMERICAN WITH DISABILITIES ACT**

Name of Passenger: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cellphone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email address: \_\_\_\_\_

Advocate Name: \_\_\_\_\_

Relationship to Passenger: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

1. Describe the service policy or program that may need to be modified to allow the passenger full access to the transit service provided.

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2. How does the current service policy or program prevent the rider from using the transit service program:

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3. Please describe the specific modification to the current policy/procedure that you are requesting.

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4. How would you like Martin County Transit to respond to your request?

in writing to the address provided above     electronically to the email provided above

This form can be requested in large print or Spanish or by calling: **(252) 789-4390**

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

**MARTIN COUNTY TRANSIT**

**P.O. Box 668**

**Williamston, NC 27892**

**PHONE: (252) 789- 4390**

Martin County Transportation will provide a written response to your Request for a Reasonable Modification within (7) days of its receipt.