

REQUEST FOR REASONABLE MODIFICATION

In determining whether to grant a requested modification, the Delaware County Transit will be guided by the provisions of the United States Department of Transportation regulations and guidance provided in Appendix E of Title 49 CFR Part 37 and specifically to the provisions of Section 37.169.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Home) _____ Business: _____

Describe any modifications to Delaware County Transit policies, practices or procedures in order for you (an individual with disabilities) to access the services (attach additional sheets as necessary):

Complete this form and mail, fax, email or deliver to:

Delaware County Transit

Attention: Mobility Management Department

119 Henderson Ct. Delaware, Ohio 43015

Email: Tonyalayman@delcotransit.com Fax: 740-362-7603