



REASONABLE MODIFICATION REQUEST

The information obtained in this process will only be used by the Ames Transit Agency for the provisions of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ E-mail _____

Please mark the type of service you will be using.

Fixed Route Service (CyRide) _____ Dial-a-Ride Service (HIRTA) _____

Reasonable Modification Request (Optional): Describe any modifications to CyRide’s policies, practices or procedures in order for you (an individual with disabilities) to access CyRide’s services. (These requests may also be made as you schedule your service for Dial-A-Ride.)

For Office Use Only

Received _____ Responded _____

Approved/Denied _____ Initial _____

Notes: _____