



Reasonable Modification Appeal Request Form

Please complete this form if you would like to appeal our determination regarding your request for a reasonable modification to the Ozark Regional Transit service policies/practices. Once completed, please return it to the address listed below.

Name: _____

Street Address: _____

City: _____ State _____ Zip _____

Telephone number with area code: (_____) - _____

Select one of the following:

_____ I choose to submit additional information for the Appeal Panel to consider, but do not want to appeal in person. (If you choose this option, please send all information you would like the Appeal Panel to consider along with this form.)

_____ I choose to appeal in person. (If you choose this option, we will contact you to schedule a mutually agreeable day and time for the appeal hearing. You may bring additional information to the hearing and can attend with others who are able to provide information on your behalf.)

Applicant Signature: _____

Date: _____

Return completed form to:
Attn: ADA Manager
Ozark Regional Transit
2423 E Robinson Ave
Springdale, AR 72764