



Reasonable Modification Request Form

Use this form to request a modification to current Ozark Regional Transit policies or procedures. Be specific and provide as much detailed information as possible. This will allow us to effectively process and evaluate your request. Before filling out this form please review Ozark Regional Transit's Reasonable Modification Statement. Please include the following items in your request: • Why, based on a disability, is the modification necessary? • Provide a description of your limitation(s) and how it is affected by Ozark Regional Transit's Reasonable Modification Statement.

Please include the following items in your request:

- Why, based on a disability, is the modification necessary?
- Provide a description of your limitation(s) and how it is affected by Ozark Regional Transit's policies/procedures.

Name: _____

Date: _____

Best way to contact you: _____

Modification Request: _____

Please send by one of the following:

Fax: (479) 756-2901

Email: btomlin@ozark.org

Mail to:

Reasonable Modifications, Operations Manager

2423 E. Robinson Ave.

Springdale, AR 72764

All medical and/or disability information provided regarding this process will be kept confidential.