



# **BEN FRANKLIN TRANSIT**

## **Reasonable Modification Request Form**

Name of Rider: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

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

If the request is made by someone else on behalf of the rider, please provide name, relationship to the rider, and telephone number:

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

Relationship to Rider: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

1) Describe the rider's disability or disabilities.

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If the rider has been determined ADA paratransit eligible by Ben Franklin Transit, please provide the rider's ADA eligibility ID number: \_\_\_\_\_

***If the rider does not have an ADA eligibility ID number, please attach some form of documentation verifying the rider's disability.***

2) Describe the service policy or program that may need to be modified to allow the rider full access to the transit services provided.

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3) How does the current service policy or program prevent the rider from using the transit service or program?

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

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5) How would you like Ben Franklin Transit to respond to your request?

\_\_\_\_\_ In writing to the address listed above

\_\_\_\_\_ By email to the address listed above

If future communication regarding this request is needed in an alternate format, please indicate the appropriate format below:

\_\_\_\_\_ Large print (font size needed: \_\_\_\_\_ )

\_\_\_\_\_ Spanish

This form can be requested in large print or Spanish by calling 509.735.5100 or by emailing ReasonableModifications@bft.org.

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

ADA Coordinator  
Ben Franklin Transit  
7019 W. Okanogan Place  
Kennewick, WA 99336

Electronic versions of the completed form and scans of required documentation of disability should be sent to ReasonableModifications@bft.org.

Ben Franklin Transit will provide a written response to your Request for a Reasonable Modification within twenty-one (21) days of its receipt. To check on the status of the request, call Ben Franklin Transit Customer Service at 509.735.5100.