

Reasonable Modification Request Form

Name of Rider:			_
Street Address:			
City:	State:	Zip Code:	
Telephone Number:			
Email Address:			-
If the request is being made by someone else or relationship to the rider, and telephone number		ne rider, please provide thei	r name,
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 paratrans the rider's ADA eligibility ID number:		• •	e provide
If the rider does not have an ADA eligibil documentation verifying the rider's disab		ber, please attach some	form of
2) Describe the service policy or program tha access to the transit services provided.	t may need to	o be modified to allow the	rider ful
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3) How does the current service policy or program prevent the rider from using the transfor program?	it ser	vice
4) Please describe the specific modification to the current policy/procedure that requesting.	you	are
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 in the appropriate format below:	ndica	te
Large print (font size needed:)		
Spanish		
This form can be requested in large print or Spanish by calling 509.735.5100 or by en ReasonableModifications@bft.org.	nailin	ıg
Please send the completed form and <i>any required documentation of disability</i> 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	dicah	sili t sz

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.