

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 to the rider, and telephone number:	behalf of the ride	er, please provide nar	ne, relationship
Advocate Name:			
Relationship to Rider:			
Telephone Number:			
1) Describe the rider's disability or disabiliti	ies.		
If the rider has been determined ADA parat the riders ADA eligibility ID number:	ransit eligible by	•	please provide
If the rider does not have an ADA elig documentation verifying the rider's di		ber, please attach	some form of
2) Describe the service policy or program access to the transit services provided.	that may need t	to be modified to allo	w the rider full

3) How does the current service policy or program prevent the rider from using the transit service or program?
4) Please describe the specific modification to the current policy/procedure that you are requesting.
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 are 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 Reasonable Modifications@bft.org.
Please send the completed form and <i>any required documentation of disability</i> to:
ADA Coordinator Ben Franklin Transit 1000 Columbia Park Trail Richland, WA 99352

Electronic versions of the completed form and scans of required documentation of disability should be sent to Reasonable Modifications @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.