

REQUEST FOR REASONABLE MODIFICATION

In determining whether to grant a requested modification, the Delaware Area Transit Agency will be guided by the provisions of the United States Department of Transportation regulations and guidance provided in Appendix E of Title 49 CFR Part 37 and specifically to the provisions of Section 37.169.

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

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

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

Telephone Number (Home) \_\_\_\_\_ Business: \_\_\_\_\_

Describe any modifications to Delaware Area Transit Agency's policies, practices or procedures in order for you (an individual with disabilities) to access the services (attach additional sheets as necessary):

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Complete this form and mail, fax, email or deliver to:

Delaware Area Transit Agency

Attention: Mobility Management Department

119 Henderson Ct. Delaware, Ohio 43015

Email: [Tonyalayman@ridedata.com](mailto:Tonyalayman@ridedata.com) Fax: 740-362-7603