## **Requests for Reasonable Modifications of Policies and Procedures**

Passengers may request Cherokee County Transit to modify a policy or procedure if they feel the policy or procedure is discriminatory or prevents them from fully utilizing Cherokee County Transit Services due to a disability.

Passengers may utilize the form below to request a reasonable modification of policy or procedure. This form will be mailed or emailed to the passenger upon request. The form is also available on Cherokee County Transit websitewww.cherokeecounty-nc.gov/233/Transit.

## **Reasonable Modification Request Form**

Name	of passenger:	
Addre	ess:	
	State: Zip Code:	
Telep	hone:	
	cate Name:	
Relati	onship to passenger:	
Telephone:		
1.	Describe the service policy or program that may need to be modified to allow the passenger full access to the transit service provided.	
2.	How does the current service policy or program prevent the rider from using the transit service program?	

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

4. How would you like the (transit agency) to respond to your request? (in email or regular mail)

If further communications regarding this request are needed in an alternate format, please indicate the appropriate format below:

Large Print: Spanish: Other:

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

Jennifer West, Transit Director 77 Hardin Street Murphy, NC 28906 Jennifer.west@cherokeecounty-nc.gov 828-835-4548

Cherokee County Transit will provide a written response to your Request for a Reasonable Modification within (7) days of its receipt.