

**Clinton Area Transit System**

**Title III of the Americans with Disabilities Act (ADA)  
Reasonable Modification Request Form**

Instructions: Please fill out this form completely, sign and mail, fax, or email to:

Clinton Transit ADA Coordinator  
215 N. Scott Road, St Johns, MI 48879  
Fax: (989) 224-7034  
[ADACoordinator@clintontransit.com](mailto:ADACoordinator@clintontransit.com)

Passenger Full Name: \_\_\_\_\_

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

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

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

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

Relationship to Passenger: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Describe the passenger's disability or disabilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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How does the current service policy or program prevent the passenger from using the transit service or program?

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

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How would you like Clinton Transit to respond to your request?

- In writing to the address listed on page 1
- By email to the email address listed on page 1

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

- large print (font size needed: \_\_\_\_\_)
- Spanish
- Other \_\_\_\_\_

This form can be requested in large print or Spanish by calling 989-224-8127 or emailing [ADACoordinator@clintontransit.com](mailto:ADACoordinator@clintontransit.com).

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

Clinton Transit ADA Coordinator  
Clinton Area Transit System  
215 North Scott Road  
St. Johns, MI 48879  
Fax: (989) 224-7034  
Email: [ADACoordinator@clintontransit.com](mailto:ADACoordinator@clintontransit.com)

Electronic versions of the completed form and scans of required documentation of disability should be sent to [ADACoordinator@clintontransit.com](mailto:ADACoordinator@clintontransit.com).

Clinton Area Transit System will provide a written response to your Request for a Reasonable Modification within seven (7) days of its receipt. To check on the status of the request, call Clinton Transit at 989-224-8127.