



Access Services

Reasonable Modification Request Form

Date: _____

I certify as follows:

- 1 I am an Access eligible rider. My Access rider ID number is _____ ; or
- I am an applicant for eligibility for Access and my evaluation date is _____ .

- 2 I request a modification of the following policies, practices or procedures:
 - Curb to Curb Service
 - Other (describe policy or procedure you request be modified)

- 3 I request the following reasonable modification be made to the policy, practice or procedure identified above: (Describe modification requested)

- 4 Without the modification, I would be unable to fully use Access services and activities because:

Please complete the reverse side of this form.



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- 5 I understand that Access is not required to modify its services to provide personal care attendants or service; service animal supervision or medical services; service outside its service area or hours of operation; modifications which would cause a direct threat to the safety of others; modifications which would cause a fundamental alteration of its service; modifications that would impose an undue administrative or financial burden on Access and modifications which would result in an illegal act.

- 6 My preferred method of contact regarding this request is:
 - Email _____
 - US Mail _____
 - Telephone _____

Signature

Type or print name

Please send your completed form to one of the following:

Via email: *RMC@accessla.org*

Via fax: **213.270.6057**

Via US Mail: Access Services

ATTN: RMC

PO Box 5728

El Monte, CA 91734