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.
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.

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