Valley Regional Transit ADA Reasonable Modification Request Form

Use this form to request a modification to current Valley Regional Transit policies or procedures. Be specific and provide as much detailed information as possible. This will allow us to effectively process and evaluate your request. Before filling out this form please review Valley Regional Transit’s Americans with Disabilities Act (ADA) Request for Reasonable Modifications Procedures.

Please include the following items in your request:

• Based on a disability, why is the modification necessary?
• Provide a description of your limitation(s) and how it is affected by Valley Regional Transit’s policies/procedures.

Name: ____________________________________________
Date: ____________________________________________
Phone#: __________________________________________
Email address: _____________________________________
Mailing Address: ___________________________________
Best way to contact you: ______________________________

Modification Request: __________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________

Please send to:

Susan Powell
Accessibility Coordinator
Valley Regional Transit
208-345-7433
TTY Relay 711
spowell@valleyregionaltransit.org

All the information involved with this process will be kept confidential.