

AAATA Reasonable Modification Request Form

Date of Request	
Customer I.D.	
Service Type (Circle One)	Fixed-Route Paratransit Gold Ride
Duration	

Customer's Request:

Discussion:

Date Modification Approved: _____

Approved By: _____

Reason for Denial (Check One):	
<input type="checkbox"/>	Modification would be a fundamental alteration of service provided
<input type="checkbox"/>	Modification would create a direct threat to the health or safety of the requestor, the operator, other riders, or any other person
<input type="checkbox"/>	Modification is not necessary for the individual to actually use the service
<input type="checkbox"/>	Modification would cause an undue financial and administrative burden

Describe Other Actions Taken to Ensure Access:

Date Customer Notified: _____

Notified By: _____