Reasonable Accommodation/Modification Request Form

Use this form to request a modification of TheBus' 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 TheBus' Reasonable Accommodation/Modification Procedures.**

Name	
Date of the trip	
Phone number	
Address	
Based on your disability, why is the modification necessary?	
Modification Request Provide a description of your need and how it is affected by TheBus' policies/ procedures	

Signature _____ Date _____

Once completed, please send this form to:
Hernando County Transit - TheBus
700 Aeriform Drive
Brooksville, FL 34601

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

For Official Use Only			
Approved	**Denied**	**Signature**	**Date**