



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 The Bus' policies/ procedures	

Signature

Date

Once completed, please send this form to:
Hernando County Transit - TheBus
1525 East Jefferson Street
Brooksville, FL 34601

ADA / Customer Service Line (352)754-4444 (TTY Service Dia: 711)

You can email your form to : TheBus@HernandoCounty.us

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

For Official Use Only			
Approved	Denied	Signature	Date

