

SHOW BUS'S REASONABLE MODIFICATION REQUEST FORM

In determining whether to grant a requested modification, SHOW BUS will be guided by the provisions of the Americans with Disabilities Act (ADA) as amended and the United States Department of Transportation (DOT) regulations in conjunction with the guidance provided in Appendix E of Title 49 CFR Part 37.

Name of individual requesting modification _____

Name of individual wishing to utilize modification _____

Address of passenger who needs modification _____

City _____ State _____ Zip Code _____

Telephone Number (Home) _____ Telephone Number (Cell) _____

Describe any modifications to SHOW BUS's policies, practices or procedures in order for you (an individual with disabilities) to access the services (attach additional sheets if necessary):

Please indicate the location (or address) where you will need the requested modification _____

Describe the problem you face that prevents you from utilizing SHOW BUS's Services _____

This form may be dropped off in person at 510 Hoselton Drive, Chenoa, IL; mailed to SHOW BUS, 510 Hoselton Drive, Chenoa, IL 61726; or emailed to laura.showbusnfp@gmail.com.

For Office Use Only: _____ Date Received

_____ Request Approved/Denied _____ Response Issued
_____ Notification sent

