



Regional Transit Authority – Rides

REASONABLE MODIFICATION REQUEST

The information obtained in this process will only be used by Regional Transit Authority – Rides Public Transit for the provisions of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

Send Form to: cvoss@nwiarides.org or **522 10th Avenue East, PO Box 1240, Spencer, IA 51301** or call **712-262-7920** and speak with **Cindy** for more information.

Name _____			
Address _____			
City _____	State _____	Zip Code _____	
Telephone Number _____			
E-mail _____			
Regional Transit Authority – Rides Service:			

<p>Reasonable Modification Request (Optional): Describe any modifications to RTA’s policies, or practices in order for you (an individual with disabilities) to access RTA’s services.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Received _____ Responded _____ Approved/Denied _____ Initial _____
Notes: _____
