

Request for Reasonable Modification

Date:	
Submitted by:	
Cell Phone:	
Email:	

Submitted on behalf of: (please specify)

	Myself	
	Someone else (<i>insert name of rider</i>)	

Contact Information of Rider

Address	
Phone	
Email	

Please describe what modification the rider needs to use the transportation service: (if additional space is needed, please use the back of the form).

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Does the person who needs modification currently ride XXX Transit System? ☐ Yes ☐ No

If yes, please describe the current riding experiences without this requested modification.

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Submit this form via:

- 1) Attention: **Lori Jacobson**
- 2) Mail to: SWCAP-LIFT, 138 S. Iowa Street, Dodgeville, WI 53533 Attn: Lori Jacobson
- 3) Email to: l.jacobson@swcap.org

LIFT will process requests for reasonable accommodation and then provide the modification, where appropriate, within thirty (30) business days LIFT will communicate directly with the person requesting the modification. **LIFT** recognizes, however, that the time necessary to process a request will depend on the nature of the modification(s) requested and whether it is necessary to obtain supporting information. If the modification is denied, an appeal process is in place.

Official Use Only

		Date Received:	
		Request Number:	
Notes:			
Approved/Denied: (Specify)			
Official Name:			
Date:			