



Salisbury Transit Department
 300 West Franklin Street
 Salisbury, NC 28144
 Telephone: 704-638-5252
 FAX: 704-638-8573
 Email: tsimm@salisbuync.gov

Reasonable Modification Request Form

Please fill out this form completely in print or type. Sign and return to Salisbury Transit via mail, fax or email at least 7 business days in advance. If you require assistance completing this form, please contact Salisbury Transit.

Qualified Individual Information

FIRST NAME		LAST NAME	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code)	
STREET ADDRESS			CITY
STATE	ZIP	EMAIL ADDRESS (If available)	

How would you like us to contact you?

Email
 Mail
 Telephone
 Other _____

Please describe the requested modification and provide any supporting documentation necessary to assist in processing the request. Attach additional pages if needed.

Please sign and date this request. You do not need to sign if submitting this form by email, just type your name.

Signature <i>Parent or Legal Guardian may sign on behalf of minor child. Legal Guardian, Power of Attorney, or equivalent may sign on behalf of adult documentation is required.</i>	Date
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For Administrative Use Only **Date received:** _____

Action taken:

Transit Director/Supervisor	Date
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