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

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME PHONE (Please include area code)</td>
<td>WORK PHONE (Please include area code)</td>
</tr>
<tr>
<td>STREET ADDRESS</td>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
<td>ZIP</td>
</tr>
</tbody>
</table>

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 ___________________________ Date ___________________________

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.

For Administrative Use Only

Date received: ___________________________

Action taken:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Transit Director/Supervisor ___________________________ Date ___________________________

Title II of the Americans with Disabilities Act / Section 504 of the Rehabilitation Act of 1973
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