



REASONABLE MODIFICATION REQUEST FORM

To request a reasonable modification to current RFTA policies or procedures, complete this form and send to the address below. Be as specific as possible and provide as much detailed information as possible, in order for RFTA to effectively process and evaluate your request. Before completing this form please review RFTA's [Reasonable Modification Statement](#).

Please include the following items in your request:

- ♦ Why, based on a disability, is the modification necessary?
- ♦ Provide a description of your limitation(s) and how it is affected by RFTA's policies/procedures.

First Name: _____ Last Name: _____

Date: _____

How would you like to be contacted?

Phone: _____

Email: _____

Best Time of Day to contact you? Morning Afternoon Evening

Modification Requested:

Send completed form to:
Nicole Schoon, ADA Compliance Officer
2307 Wulfsohn Road
Glenwood Springs, CO 81601
Email: nschoon@rfta.com
Phone: (970) 384-4974
Fax: (970) 384-4937