



REASONABLE MODIFICATION REQUEST FORM

Name of Passenger:	Telephone Number:
Street Address:	Email Address:
City, State, Zip:	
Advocate Name:	Telephone Number:
Relationship to Passenger:	

Describe the service policy or program that may need to be modified to allow the passenger full access to the transit service provided.

How does the current service policy or program prevent the rider from using the transit service program?

Please describe the specific modification to the current policy/procedure that you are requesting.

How would you like Chatham Transit Network to respond to your request?

☐ in writing to the address provided above ☐ by email

If further communications regarding this request are needed in an alternate format, please indicate the appropriate format:

☐ large print (font size: _____) ☐ Spanish

This form can be requested in large print or Spanish by calling 919-542-5136.

TTY 1-800-735-2962 or emailing info@chathamtransit.org.

Please send the completed forms and any required documentation of disability to:

Executive Director, PO Box 1032, Pittsboro, NC 27312

Chatham Transit Network will provide written response to your Request for a Reasonable Modification within (7) days of its receipt.