

# 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 on the Richland County

Transportation program?  Yes  No

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

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Submit this form via:

- 1) Attention: Richland County Transportation Secretary
- 2) Mail to: Richland County Transportation , C/O ADRC, 221 W Seminary St., Richland Center, WI 53581
- 3) Email to: [resctr@co.richland.wi.us](mailto:resctr@co.richland.wi.us)

**The Richland County Transportation Program** will process requests for reasonable accommodation and then provide the modification, where appropriate, within thirty (30) business days. **The Richland County Transportation Program** will communicate directly with the person requesting the modification. **The Richland County Transportation Program** 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**

		<b>Date Received:</b>	
		<b>Request Number:</b>	
<b>Notes:</b>			
<b>Approved/Denied:</b> <i>(Specify)</i>			
<b>Official Name:</b>			
<b>Date:</b>			