

StarTran
REASONABLE MODIFICATION REQUEST

The information obtained in this process will only be used by StarTran for the provisions of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

Name _____

Address _____

City State Zip Code _____

Telephone Number _____ **E-mail** _____

Please mark the type of service you will be using.

Fixed Route Bus Service _____ Handi-Van _____

Reasonable Modification Request (Optional): Describe any modifications to StarTran’s policies, practices or procedures in order for you (an individual with disabilities) to access StarTran’s services. (These requests may also be made as you schedule your service for Handi-Van.)

For Office Use Only

Received _____ Responded _____

Approved/Denied _____ Initial _____

Notes: _____