



Request for Reasonable Modification

| | |
|----------------------|--|
| Date: | |
| Submitted by: | |
| 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).

Does the person who needs modification currently ride Manitowoc County – ADRC of the Lakeshore transportation program? Yes No

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

Submit this form via:

- 1) Attention: Business Services Manager
- 2) Mail to: ADRC of the Lakeshore, 1701 Michigan Avenue, Manitowoc, WI 54220
- 3) Email to: ADRC@manitowoccountywi.gov

ADRC of the Lakeshore will process requests for reasonable accommodation and then provide the modification, where appropriate, within thirty (30) business days. ADRC of the Lakeshore will communicate directly with the person requesting the modification. ADRC of the Lakeshore 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

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