

# Reasonable Modification Request Form



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## HOW TO APPLY FOR A REASONABLE MODIFICATION

Use this form to request a modification to current RTD policies or procedures. Be specific and provide as much detailed information as possible. This will allow us to effectively process and evaluate your request. Before filling out this form please review RTD's Reasonable Modification Statement

### How to apply for a Reasonable Modification in 3 easy steps:

1. Complete the enclosed request form.
2. Acquire supporting documentation from a physician, physical therapist, or other medical professional.
3. Return both the form and supporting documentation to the ADA office through the following methods:
  - a. Email: [ADAResponsibleModification@RTD-Denver.com](mailto:ADAResponsibleModification@RTD-Denver.com)
  - b. Fax: 303-299-2061
  - c. Mail: RTD c/o ADA Office  
1660 Blake Street  
Denver, CO, 80202

Once your request and documentation has been reviewed, you may be contacted by the ADA Office to get more information or ask any additional questions. Requesters who do not provide any requested additional information will have their request withdrawn 14-days after the request for additional information.

**Important note:** All determinations are made based on the information gathered from your request form and additional supporting information. Requesters who wish to appeal the outcome of their request for modification will be provided with information on how to make an appeal when the outcome of their request is mailed.

Please let us know if you need translation services for this application.

# Reasonable Modification Request Form



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## REASONABLE MODIFICATION REQUEST FORM

*(Unanswered questions may result in a delay in processing)*

**Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Primary Phone:** \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
**Secondary Phone:** \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
**My preferred communication is via:** Phone \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_

**Indicate your Modification Request:**

**Why, based on a disability, is your modification necessary?**

**Please provide a description of your limitation(s) and how it is affected by RTD's policies and procedures.**

**I certify that the information provided in this application is true and correct.**

**I understand that falsification of information could result in a denial of modification.**

**Signature of Applicant or Legal Representative      Date**

*Please print and sign this form before submitting to the address listed above.*