

# Palm Tran Connection

## *Reasonable Modification Request Form*

Use this form to request a modification to current Palm Tran Connection 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 Palm Tran Connection's Reasonable Modification Statement.

**Please include the following items in your request:**

- Why, based on a disability, is the modification necessary?
- Provide a description of your limitation(s) and how it is affected by Palm Tran Connection's policies/procedures.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Best way to contact you: \_\_\_\_\_

Modification Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send by one of the following:

**Fax:** (561) 656-7156

**Email:** PT-ADA@pbcgov.org

**Mail to:**

Reasonable Modifications, Operations Manager

50 S. Military Trail, Suite 101

West Palm Beach FL, 33415

**All medical and/or disability information provided regarding this process will be kept confidential.**

