

Palm Tran Connection

Reasonable Modification Request Form

The request should be as specific as possible and include information on why the accommodation/modification is needed in order to allow the individual to use Palm Tran Connection services.

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.
- Provide a description of what is needed in order to use the service.

Client's Name: _____ Client's ID #: _____

Date: _____ Best way to contact you: _____

Who is making the request (If not the Client) _____

Modification Request: _____

Submit via: Email: PT-ADA@pbcgov.org or Fax: (561) 514-8365
or Mail to:

Reasonable Modifications, Paratransit Coordinator
1200 South Congress Avenue
Palm springs, FL 33406

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

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