

Madison County Transportation Authority  
387 Long Branch Road, Marshall, NC 28753  
MCTA Reasonable Modification Request Form

Name of Rider: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email address: \_\_\_\_\_

If the request is being made by someone else on behalf of the rider, please provide name, relationship to the rider, and telephone number.

Advocate name: \_\_\_\_\_

Relationship to rider: \_\_\_\_\_

Telephone number: \_\_\_\_\_

1. Describe the rider's disability or disabilities:

\_\_\_\_\_

2. Describe the service policy or programs that may need to be modified to allow the rider full access to the transit service provided:

\_\_\_\_\_

3. How does the current service policy or program prevent the rider from using the transit service program?

\_\_\_\_\_

4. Please describe the specific modifications to the current policy/procedure that you are requesting.

\_\_\_\_\_

5. How would you like MCTA to respond to your request?

\_\_\_\_ In writing to the address listed above

\_\_\_\_ By email to the address listed above

If future communications regarding this request are needed in an alternate format, please indicate the appropriate format below:

large print

Different language than English      Specify: \_\_\_\_\_

Please send completed form to:

Director

MCTA

387 Long Branch Road

Marshall, NC 28753

MCTA will provide a written response to your Request for Reasonable Modifications within (7) days of receipt.