



REQUEST FOR REASONABLE MODIFICATION

Describe any modifications to Southwest Ohio Regional Transit Authority (SORTA) policies, practices or procedures needed for you (an individual with disabilities) to access the services provided (attach additional sheets as necessary):

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (Home): _____ (Business): _____

Signature _____ Date _____

Complete this form and mail, fax, e-mail or deliver to:

SORTA
Attention: Demarcus Peters, Director of Diversity and Inclusion
1401-B Bank Street
Cincinnati OH 45214
Email: dpeters@go-metro.com
Fax: 513-632-7505

In determining whether to grant a requested modification, SORTA will be guided by the provisions of the United States Department of Transportation regulations and guidance provided in Appendix E of Title 49 CFR Part 37 and specifically to the provisions of Section 37.169.