

Marin Transit / Marin Access Reasonable Modification Request Form

Name: _____

Date: _____

I certify as follows:

1. I request a modification of the following policies, practices or procedures:

Marin Transit Bus: Route #(s) _____

Marin Access Paratransit

Other (please describe the policy or procedure you request to be modified)

2. I request the following reasonable modification be made to the policy, practice or procedure identified above. (Describe modification requested.)

3. Without the modification, I would be unable to fully use Marin Transit or Marin Access services and activities because:

4. I understand that Marin Transit is not required to modify its services to provide personal care attendants or service; service animal supervision or medical services; service outside its service area or hours of operation; modifications which would cause a direct threat to the safety of others; modifications which would cause a fundamental alteration of its service; modifications that would impose an undue administrative or financial burden on Marin Transit or Marin Access; and modifications which would result in an illegal act.

5. My preferred method of contact regarding this request is:

- Email _____
- US Mail _____
- Telephone _____

Signature

Type or print name

Please send your completed form to one of the following:

Via email: info@marintransit.org

Via fax: 415-226-0856

Via US Mail: Marin Transit
711 Grand Avenue, Suite 110
San Rafael, CA 94901



Marin Transit
711 Grand Ave, Suite 110
San Rafael, CA 94901
415-226-0855
www.marintransit.org | www.marinaccess.org