

AppalCART  
REASONABLE MODIFICATION REQUEST FORM

Name of Passenger: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email address: \_\_\_\_\_  
Advocate Name: \_\_\_\_\_  
Relationship to passenger: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1. Describe the service policy or program that may need to be modified to allow the passenger full access to the transit service provided. \_\_\_\_\_  
\_\_\_\_\_
2. How does the current service policy or program prevent the rider from using the transit service program? \_\_\_\_\_  
\_\_\_\_\_
3. Please describe the specific modification to the current policy/procedure that you are requesting.  
\_\_\_\_\_  
\_\_\_\_\_
4. How would you like the (transit agency) to respond to your request?  
 in writing to the address provided above                       by email

If further communications regarding this request are needed in an alternate format, please indicate the appropriate format below:     large print (font size: \_\_\_\_\_)     Spanish

This form can be requested in large print or Spanish by calling \_\_\_\_\_:  
TTY \_\_\_\_\_ or emailing \_\_\_\_\_.

Please send the completed forms and any required documentation of disability to:  
AppalCART  
Director  
305 NC Hwy 105 Bypass  
Boone, NC 28607

Electronic versions of the completed form and scans of required documentation of disability should be sent to [director@appalcart.com](mailto:director@appalcart.com)

AppalCART will provide a written response to your Request for a Reasonable Modification within (7) days of its receipt.