

Date: _____

Request for Reasonable Modification

☐ Approved ☐ Denied By: _____

Submitted by:	Date:
Submitted on behalf of \square Myself \square Someone else:	
Address:	Name
Phone Number:(Please provide best phone number to reac	h you)
Email:	
Please describe what modification you need in order to use the LTD bus service: (if additional space is needed, please use the back of the form)	
Does the person who needs this modification currently ride	LTD?
If yes, please describe the current bus riding experiences without this requested modification:	
Submit this form via:	
1) LTD Customer Service Center, Attn: Cosette Rees	
2) Mail to: Cosette Rees, C/O LTD, 1080 Willamette Str	reet, Eugene OR 97401
3) Email to: cosette.rees@ltd.org	
LTD will process requests for reasonable accommodation arthirty (30) business days. LTD will communicate directly with however, that the time necessary to process a request will owhether it is necessary to obtain supporting information. If Itd.org	depend on the nature of the modification(s) requested and
OFFICIAL USE ONLY. Notes:	Date Received: Request #