**Reasonable Modification Request Form**

Use this form to request a modification to current Ride On policies or procedures. Be specific and provide as much detailed information as possible. This will allow us to effectively process and evaluate your request. Before filling out this form please review Ride On’s Reasonable Modification Statement. Please include the following items in your request:

• What reasonable modification to our policies or procedures are you requesting? Please describe in detail.

• Why, based on a disability, is the modification necessary?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Modification request:

Please send by one of the following:

Email: adacompliance@montgomerycountymd.gov

Mail: Nancy G. Greene, ADA Title II Compliance Manager, Montgomery County Government, Department of General Services, 101 Monroe Street, 9th Floor, Rockville, MD 20850

Questions: 240-777-6197 (TTY 240-777-6196)

All the information involved with this process will be kept confidential in the ADA Managers Office