Attachment A
Valley Metro Reasonable Modification Request Form

Name of rider: _____________________________________________________

Street Address: ________________________________________________________________________________________

City: ____________________________ State: _________ Zip Code: ________

Telephone number: (______) _______ - _________

Email address: ________________________________________________________________________________________

If the request is being made by someone else on behalf of the rider, please provide name, relationship to the rider, and telephone number:

Advocate name: ____________________________________________________

Relationship to rider: __________________________________________________________________________________

Telephone number: (______) _______ - _________

1. Describe the rider’s disability or disabilities.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

If the rider has been determined ADA paratransit eligible by Valley Metro, please provide the riders ADA eligibility ID number: _____________________________

*If the rider does not have an ADA eligibility ID number, please attach some form of documentation verifying the rider’s disability.*

2. Describe the service policy or program that may need to be modified to allow the rider full access to the transit services provided.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

3. How does the current service policy or program prevent the rider from using the transit service or program?
4. Please describe the specific modification to the current policy/procedure that you are requesting.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. How would you like Valley Metro to respond to your request?

___ In writing to the address listed above
___ By email to the address listed above

If future communications regarding this request are needed in an alternate format, please indicate the appropriate format below:

___ large print (font size needed: ____________)
___ Spanish

This form can be requested in large print or Spanish by calling 602-253-5000; TTY 602-251-2039; or emailing csr@valleymetro.org.

Please send the completed form and any required documentation of disability to:

Manager, Accessible Transit Services
Valley Metro
4600 E. Washington Street
Phoenix, AZ 85034

Electronic versions of the completed form and scans of required documentation of disability should be sent to ReasonableModifications@valleymetro.org.

Valley Metro will provide a written response to your Request for a Reasonable Modification within seven (7) days of its receipt. To check on the status of the request, call Valley Metro Customer Service at (602) 253-5000; TTY: (602) 251-2039.