

## **Reasonable Modification Request**

Please complete this form to request a reasonable modification of StarMetro's programs or services. Submit the completed form to <u>smreasmod@talgov.com</u> or deliver this form to:

StarMetro Special Transportation Division 555 Appleyard Drive Tallahassee, FL 32304

| Full Name:  |                           |           |
|---|---------------------------|-----------|
| Today's Date:   | Phone:                    |           |
| Email Address:  |                           |           |
| Mailing Address:  | Unit or Apartment Number: |           |
| City:   | State:                    | Zip Code: |
| Description of the reasonable modification request:                             |                           |           |
| Specific date and location where the modification is needed, if applicable:     |                           |           |
| Are you able to use StarMetro's programs or services without this modification? |                           |           |
| Please explain why or why not:  |                           |           |