

APPENDIX D

SANTA CRUZ METROPOLITAN TRANSIT DISTRICT



REQUEST FOR REASONABLE MODIFICATION

*This form is to be completed in full by the Customer or his/her Representative.*

Customer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Best time to contact: \_\_\_\_\_ AM/PM

I am a: *(Circle one)* ParaCruz client Fixed Route customer

List the Route Number *(if applicable)*: \_\_\_\_\_

Describe the specific modification to service, program or activity being requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will this modification allow you to use the Fixed Route service or ParaCruz service effectively?

\_\_\_\_\_  
\_\_\_\_\_

Has this modification previously been requested?

\_\_\_\_\_

***\*(Remainder of form to be completed by METRO Staff)***

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☐ Check here if this form was completed by a METRO Employee.

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**REQUEST FOR REASONABLE MODIFICATION: GRANTED \_\_\_\_\_ DENIED \_\_\_\_\_**

**If granted, indicate what modification will be provided. If denied, explain the rationale for this decision:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Management Review:**

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

Manager who assisted in process: \_\_\_\_\_ Initials: \_\_\_\_\_  
*Signature*

Approved by Chief Operating Officer: \_\_\_\_\_ Date: \_\_\_\_\_