

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)***

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: _____