

Written: October 2020

Reasonable Modification Request Form

Please complete this form to request a reasonable modification from Allied Coordinated Transportation Services, Inc. (ACTS). If you have any questions while completing this form, please contact ACTS Customer Service at (724) 652-5588, Option 1.

Submit this completed form to ACTS Customer Service via email at <u>actscs@lccap.org</u>, fax to (724) 546-5160, or by drop-off or mail to 701 N. Mercer Street, New Castle, PA 16101.

Date Completed:	
Requester's Name:	
Phone: Emai	il:
Home Address:	
Description of Request:	
Location (if applicable):	
Have you ridden or are you able to ride without this accommodation?	YES NO
If YES, please explain why you no longer are able to do so:	
Form Completed By:	Relation to Requester:

As we investigate whether we can accommodate your request, a representative of ACTS Safety Team may contact you and request to access your property, mobility device, or to meet with you in-person. ACTS strives to respond to all requests for modifications within fifteen (15) calendar days.

