



**REQUEST FOR REASONABLE MODIFICATION OF POLICY,
PRACTICE, AND/OR PROCEDURE**

Circle applicable mode(s) of transit (circle all that apply to this request)

Fixed Route

Paratransit

Name:		
Address:		
City:	State:	Zip:
Email:	Phone:	

Describe in detail the modification you are requesting. (Attach additional pages if necessary)

Describe why this modification is necessary for you to use the City Coach service(s) checked above. (Attach additional pages if necessary)

Please send the completed form to:

City Coach
Lori DaMassa
Transit Coordinator
1001 Allison Drive

For more information or assistance completing this form, please contact:

Lori DaMassa
Transit Coordinator
(707) 460-6575