



FRED FONTANA
DIRECTOR

P.O. BOX 227, GOLDSBORO, NC 27533

BRENT HEATH
CHAIRMAN

GWTA Reasonable Modification Request Form

Name of Rider: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number _____

Email address: _____

If the request is being made by someone else on behalf of the rider, please provide name, relationship to the rider, and telephone number.

Advocate name: _____

Relationship to rider: _____

Telephone number: _____

1. Describe the rider's disability or disabilities:

2. Describe the service policy or programs that may need to be modified to allow the rider full access to the transit service provided:

3. How does the current service policy or program prevent the rider from using the transit service program?

4. Please describe the specific modification to the current policy/procedure that you are requesting.

GWTA TRANSIT

PHONE: (919) 736-1374 • WEBSITE: RIDEGWTA.COM • FAX: (919) 731-1558

5. How would you like GWTA to respond to your request?

In writing to the address listed above

By email to the address listed above

If future communications regarding this request are needed in an alternate format, please indicate the appropriate format below:

large print

different language than English. Specify: _____

Please send completed form to:

Executive Director

GWTA

P. O. Box 227

Goldsboro, NC 27533

Electronic versions of the completed forms should be sent to gwta@waynegov.com.

GWTA will provide a written response to your Request for a Reasonable Modification within (7) days of receipt.