

ADA REQUEST FOR REASONABLE MODIFICATIONS

Procedure for requesting reasonable modification:

1. Please submit all requests' for reasonable modification or appeals' to previous decision in writing to **Siouxland Regional Transit System Attn. Transit Director 1122 Pierce St. PO Box 1077 Sioux City, IA 51102-1077**. Complaint forms can be requested by writing the same address or downloaded from www.simpco.org .
2. A response and decision for the written request, complaint or appeal of previous decision will be made within two (2) business days – longer if additional information or clarification is required.
3. Complaints will be adjudicated within two (2) business days by Siouxland Regional Transit System Administrators.
4. APPEAL. An appeal decision may be made after conference with applicable agencies including the FTA Region VII Office, IDOT Office of Public Transit, the Siouxland Regional Transit System Administrators and/or Board of Directors, and other Human Service Entities. Response to an appeal will be rendered within ten (10) business days.

ADA REQUEST FOR REASONABLE MODIFICATIONS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Please Describe And Define Your Request As Specifically As Possible For Public Transit

Service Modification - Policy, Procedure, Service Provisions, Mode, Other : _____

identify the mode of service (demand response or para transit), the day(s) of the week, and the

time(s) when the modification would be required: _____

Please provide detailed background and reasons to support your need for a modification: _____

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Signature: _____

Date: _____

SRTS PERSONNEL USE

Received by: _____

Date: _____