

Reasonable Modification Request Form

Use this form to request a modification to current RTD policies or procedures. Be specific and provide as much detailed information as possible. This will allow us to effectively process and evaluate your request. Before filling out this form please review **RTD's Reasonable Modification Statement**.

Please include the following items in your request:

- Why, based on a disability, is the modification necessary?
- Provide a description of your limitation(s) and how it is affected by RTD's policies/procedures.

Name: _____

Date: _____

Best way to contact you: _____

Modification request:

For questions: email **adareasonablemodification@RTD-Denver.com** or call **303-299-2250**

Please send by one of the following:

- **Fax:** 303-299-2061
- **Mail:**
Gabe Christie, ADA Manager
1660 Blake Street - BLK 31
Denver, Colorado 80202

All the information involved with this process will be kept confidential in the ADA Office.