

Post Office Box 344 – 150B Mill Street, Middleport Ohio 45760 **Theresa L. Lavender, Director**

MEIGS COUNTY PUBLIC TRANSIT REASONABLE MODIFICATION REQUEST FORM

In determining whether to grant a requested modification, Meigs County Public Transit (MCPT) will be guided by the provisions of the Americans with Disabilities Act (ADA) as amended and the United States Department of Transportation (DOT) regulations in conjunction with the guidance provided in Appendix E of Title 49 CFR Part 37.

Name of individual requesting	modification			_	
Name of individual wishing to	utilize modifica	tion			
Address of passenger who nee	ds modification				
CityState		Zip Cod	Zip Code		
Telephone Number (Home)		Telepho	_ Telephone Number (Cell)		
with disabilities) to access the	services (attach	additional she	procedures in order for you (an individuets if necessary):	ıal	
Please indicate the location (or	address) where	you will need	the requested modification		
			ng OCPT's on-demand Services		
This form may be completed Attention: Julie Scherfel at 1			fs.ohio.gov; mail or dropped off in p Ohio 45760.	erson	
For Office Use Only:	Date Receive	ed	Date Eligibility Established		
Sent for evaluation	Request Approved/Denied				
Response Issued	l	Notification	Sent		

Telephone: 740-444-5555