



# Reasonable Modification Request Form

Use this form to request a modification to current Rock Region METRO 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 Rock Region METRO'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 Rock Region METRO'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 Rock Region METRO's policies/procedures.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Best way to contact you: \_\_\_\_\_

Modification Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send by one of the following:

Fax: (501) 375-6717

Email: [JBohannon@rrmetro.org](mailto:JBohannon@rrmetro.org)

Mail to:

Reasonable Modifications, Director of Transportation

901 Maple Street

North Little Rock, AR 72114

**All medical and/or disability information provided regarding this process will be kept confidential.**