

**REQUEST FOR REASONABLE MODIFICATION**

In determining whether to grant a requested modification, LFPT will be guided by the provisions Of the United States Department of Transportation regulations and guidance provided in Appendix E of Title 49 CFR Part 37 and specifically to the provisions of Section 37.169.

Name: \_\_\_\_\_, Telephone Number (Home): \_\_\_\_\_

Address: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_, Zip: \_\_\_\_\_

Describe any modifications to LFPT polices, practices or procedures for you LFPT to access the services. (Attach additional sheets as necessary.)

Signature \_\_\_\_\_ Date \_\_\_\_\_.

Complete this form and mail, fax, email or deliver to: LFPT Transit Director, 746 Lawrence St Lancaster Ohio 43130, [Cwoody@ci.lancaster.oh.us](mailto:Cwoody@ci.lancaster.oh.us), Fax 740-681-5088.