DART Request for Reasonable Modification

Date:		
Select the DART department from which you a Paratransit	re requesting a modifi	cation:
First Name:	Last Name:	
Street Address	_ (Apt. or Unit #):	
City:	State:	_ Zip Code:
Phone:	Email:	
Request for Modification: Describe what you ne specific as possible and include an explanation		

Please refer to the DART Reasonable Modification Policy on the DART website at ridedart.com or contact DART Customer Service at 515-283-8100 for assistance.

To be Completed by DART Staff Only

Date Received:	_
Date Entered:	_
Staff Entering Request:	
Staff Assigned Request:	
Reasonable Modification:	
□ Approved. If approved, what modification(s)	
□ Denied. If denied, reason(s) request was deni	ied:
Date customer Informed:	
□ Phone:	_
□ Email:	_
□ Letter:	_