

## ADA Reasonable Modification Request Form

Use this form to request a modification to current Sound Transit 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 Sound Transit's Americans with Disabilities Act (ADA) [Request for Reasonable Modifications Procedures](#).

Please include the following items in your request:

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

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

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

Phone#: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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

---

---

---

---

---

---

---

---

---

---

Please send to:

Aaron McCullough  
Accessibility Coordinator  
Sound Transit  
800-201-4900  
TTY Relay 711  
[accessibility@soundtransit.org](mailto:accessibility@soundtransit.org)

**All the information involved with this process will be kept confidential.**