

## REASONABLE MODIFICATION APPEAL FORM

In determining whether to grant a requested modification, SHOW BUS 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 modification \_\_\_\_\_

Address of passenger who needs modification \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ Telephone Number (Cell) \_\_\_\_\_

Date modification requested \_\_\_\_\_

Date modification denied \_\_\_\_\_ Reason for  
appeal \_\_\_\_\_

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This form may be dropped off in person at 510 Hoselton Drive; mailed to SHOW BUS, 510 Hoselton Drive, Chenoa, IL 61726 or emailed to [laura.showbusnfp@gmail.com](mailto:laura.showbusnfp@gmail.com).

For Office Use Only: \_\_\_\_\_ Date Received \_\_\_\_\_ To LD for evaluation

\_\_\_\_\_ Request Approved/Denied

\_\_\_\_\_ Response Issued \_\_\_\_\_ Notification sent