

## **Request for Reasonable Modification**

Check applicable mode of transit (check all that apply)

□ Bus □ Ferry □ Paratransit □ Other \_\_\_\_\_ (specify)

Name:		
Address:		
City:	State:	Zip:
Email:	Daytime Phone:	

Describe in detail the modification you are seeking to accommodate your disability and why the modification is necessary for you to use the service(s) you indicated above.



Please submit this form in person at the address below, or fax, mail, or email this form to: Golden Gate Bridge, Highway and Transportation District, Director of Planning, 1011 Andersen Drive, San Rafael, CA 94901-5318. Fax: (415) 257-4516. Email: <u>contact@goldengate.org</u>.

The District will respond to your request within two business days.