

ADA Reasonable Modification Request Form

Title II of the Americans with Disabilities Act / Section 504 of the Rehabilitation Act of 1973
Auxiliary Aids/Accommodations

Anyone who requires an auxiliary aid, service, or alternate format for effective communication or an accommodation in policies or procedures to participate in a program, service, activity, or public meeting may request a reasonable modification by completing this form. Requests should be made as early as possible to allow time to arrange for the accommodation. If you require assistance completing this form, please contact the Civil Rights Office at (602)712-8946.

Requester's Ir	nformation			
Name:				Date:
Mailing Addre	ess:			
Phone:	e: Email:			
Please indicat	e as to how yo	ou would like to be	e contacted?	
☐ Email	☐ Mail	☐ In Person	☐ Telephone	Other
If completing	form on beha	lf of requester pro	vide name/phone:	
Also, describe	any alternati			re requesting and reasons for your request. ow us to effectively process and evaluate your

Requests are processed as quickly as possible. Timing may vary depending on the nature and complexity of the request.

Submit form and any additional information to:

ADOT Civil Rights Office

CivilRightsOffice@azdot.gov

External ADA Nondiscrimination Program 206 S. 17th Avenue, Maildrop 155A Phoenix, AZ 85007

Phone: 602.712.8946 Fax: 602.239.6257