

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 ADA/Section 504 Coordinator at 480.294.7007.

Requester's Information

Name: _____ Date: _____

Mailing Address: _____

Phone: _____ Email: _____

Please indicate as to how you would like to be contacted?

Email Mail In Person Telephone Other _____

If completing form on behalf of requester provide name/phone:

Name: _____ Phone Number: _____

Please describe specifically the reasonable modification(s) you are requesting and reasons for your request. Also, describe any alternative suitable modifications. This will allow us to effectively process and evaluate your request. Attach additional pages, if needed.

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

Please email form and any additional information to:

ADOT's ADA/504 Program
ADA@azdot.gov or mail to:
1801 W. Jefferson St. Ste. 101
Phoenix, AZ 85007
Phone: 480.294.7007