Reasonable Modification Request Form

Name: _____

Date: _____

I certify as follows:

1. I request a modification of the following policies, practices or procedures:
   ☐ SFMTA/MUNI Line: Route #(s) _____
   ☐ Other (please describe the policy or procedure you request to be modified)

2. I request the following reasonable modification be made to the policy, practice or procedure identified above. Please describe the modification requested.

3. Without the modification, I would be unable to fully use SFMTA/MUNI services and activities because:

4. I understand that the SFMTA is not required to modify its services to provide personal care attendants or service; service animal supervision or medical services; service outside its service area or hours of operation; modifications which would cause a direct threat to the safety of others; modifications which would cause a fundamental alteration of its service; modifications that would impose an undue administrative or financial burden on the SFMTA; and modifications which would result in an illegal act.

5. My preferred method of contact regarding this request is:
   ☐ Email _____
   ☐ US Mail _____
   ☐ Telephone _____

Signature: _____

Type or print name: _____

Please send your completed form to one of the following:
Via email: Matthew.west@sfmta.com
Via US Mail: SFMTA
Matt West 7th Fl. Cubical 7403
1 S. Van Ness Blvd
San Francisco, CA 94103