



Client Request for Modification Form

If you are requesting reasonable modification regarding the Reasonable Modification Policy of Medina County Public Transit, please fill out the information below and return to Medina County Public Transit, 6094 Wedgewood Road, Medina, OH 44256. This form can also be sent via fax at 330-722-9870 or email to [mcptdispatch@medinaco.org](mailto:mcptdispatch@medinaco.org) please mark, Attention: MCPT Supervisor for prompt attention.

Any questions, please call 330-723-9670



Passenger Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you use any of the following equipment or assistive devices?

- Manual Wheelchair, Scooter, Walker, Cane/Crutches, Oxygen, Guide Dog

(Please be as detailed as possible)

Modification Requested: \_\_\_\_\_

Reason for Modification Request: \_\_\_\_\_

\_\_\_\_\_

This Section for Medina County Public Transit Office Only!

Approved: [ ] Not Approved: [ ]

Signature of MCPT Transit Administrator: \_\_\_\_\_

Date: \_\_\_\_\_