



610 W. 7<sup>th</sup> Street  
Hanford, CA 93230  
559.852.2692

Reasonable Modification Request Form

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact phone number \_\_\_\_\_ Email address \_\_\_\_\_

What are the reasonable modification/accommodations that you are requesting from KART?

You must notify KART Staff of this request 2 business days prior to the date the reasonable modification is needed.

*(Please be as specific as possible. i.e. route numbers, time periods and request)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**THE FOLLOWING WILL BE COMPLETED BY KART STAFF. YOU WILL BE NOTIFIED IN 2 BUSINESS DAYS**

Date Request was received \_\_\_\_\_ Date client was contacted \_\_\_\_\_

Reviewed by \_\_\_\_\_ Was the request granted \_\_\_\_\_

Why or why not

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_