

Sioux City Transit System ADA Request for Reasonable Modification of Public Transit Services

Sioux City Transit System (SCTS) is committed to ensuring that no person is excluded from participation in or denied the benefits of public transit services.

The following information is necessary to assist SCTS with processing your Reasonable Modification Request. If you require any assistance in completing this form, please contact the Sioux City Transit Administrative Office by calling (712) 279-6405 or TTY (712) 279-0177. ADA Accessible formats are available upon request.

TIMEFRAME: A decision will be made within two (2) business days of the receipt of a fully completed form. If SCTS requires more information or a clarification, the decision may be delayed.

IMMEDIATE NEED FOR DETERMINATION: If the nature and context of the request for reasonable modification is immediate, for example made to a Motor Coach Operator (MCO) prior to boarding a bus or while riding on a fixed route, an initial immediate decision will be given – normally by the MCO present. The decision will be reported to SCTS Administrative Staff. A written summary will be prepared by the MCO. The individual requesting the modification is responsible for contacting SCTS after the activity or trip in order to make the request formally, and permanent if applicable.

APPEAL: An appeal of a Service Modification Decision uses the Sioux City Transit System Appeal Form.

The completed form must be returned to:
Sioux City Transit System
Attn: Operations Supervisor
509 Nebraska Street
Sioux City, IA 51101

Request for Reasonable Modification of Public Transit Services Form

NAME: _____
ADDRESS: _____
CITY / STATE / ZIP CODE: _____
DAYTIME PHONE NUMBER: _____
E-MAIL (If Applicable): _____

A) PLEASE DESCRIBE AND DEFINE YOUR REQUEST AS SPECIFICALLY AS POSSIBLE FOR PUBLIC TRANSIT SERVICE MODIFICATION – POLICY, PROCEDURE, SERVICE PROVISIONS, MODE, OTHER:

B) PLEASE IDENTIFY THE MODE OF SERVICE (FIXED ROUTE OR PARA TRANSIT), THE FIXED ROUTE(S), THE DAY(S) OF THE WEEK, AND THE TIME(S) WHEN THE MODIFICATION WOULD BE REQUIRED?

C) PLEASE PROVIDE DETAILED BACKGROUND AND REASONS TO SUPPORT YOUR NEED FOR A MODIFICATION.

SIGNATURE: _____ DATE: _____

SCTS PERSONNEL USE:

RECEIVED BY: _____ DATE: _____