



## **ICTC ADA Reasonable Modification Appeal Form**

ICTC is committed to ensuring that our implementation of public transit services is fully compliant with Title II of the American Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Any person who wishes to appeal the denial of an ADA Request for Reasonable Modification may file a written and signed appeal form with ICTC.

Please fax, mail or deliver this form to: ICTC 1405 N. Imperial Ave., Suite 1, El Centro Ca., 92243

### **SECTION 1: BASIC INFORMATION**

<u>PERSON SUBMITTING APPEAL INFORMATION</u>	<u>ASSISTANCE INFORMATION</u> <small>(only if different than the person submitting the appeal)</small>
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Telephone Number: _____	Telephone Number: _____
Email Address: _____	Email Address: _____

### **SECTION 2: DETAILS**

Please explain how, when, where, and why you believe there is a justification for an appeal for your ICTC ADA Request for Reasonable Modification. You may attach additional pages if additional space is required. You may also attach any written materials or other information that you think is relevant to your appeal.

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### **SECTION 3: SIGNATURE**

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