**SCOTTSVILLE TRANSIT ACCESSIBILITY**

**Scottsville Transit is committed to serving persons with disabilities. We back the commitment by providing services that make public transportation both easy and pleasant for persons with disabilities.**

**Scottsville Transit will make reasonable modifications/accommodations to its operating policies, practices, and procedures to ensure program accessibility. The nature of an individual’s disability will not preclude Scottsville Transit from providing full access to its services.**

**Some exceptions apply. These Exceptions include when the modification or accommodation would.**

* **Cause a direct threat to the health and safety of others.**
* **Result in a fundamental alteration of the service.**
* **Is not actually necessary for the individual with disability to access the service.**
* **Results in an undue financial and administrative burden for Scottsville Transit.**

**If you would like to request a reasonable modification prior to utilizing hat service, you may do so by contacting Kerry Harwood, Transit manager, at 270-239-3239 or by email at** [**kharwood@cityofscottsville.org**](mailto:kharwood@cityofscottsville.org)

**You should provide:**

**Name**

**Contact Information (for example, phone number, or email address)**

**Service and/or location**

**Specific details of the modification or accommodation request.**

**SCOTTSVILLE TRANSIT**

**REASONABLE MODIFICATION REQUEST FORM**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service and/or location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you able to ride without this accommodation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete this form to request reasonable accommodation from Scottsville Transit. Submit the completed form to Scottsville Transit:**

**Email:** [**kharwood@cityofscottsville.org**](mailto:kharwood@cityofscottsville.org)

**Mail: Scottsville Transit**

**Attn: Kerry Harwood**

**201 W. Main Street**

**Scottsville KY 42164**

**270-239-3239**