

FREMONT COUNTY ASSOCIATION OF GOVERNMENTS
WIND RIVER TRANSPORTATION AUTHORITY

Reasonable Modification Request

Your right to ask. WRTA is committed to accessible, inclusive public transportation. Under the Americans with Disabilities Act (ADA), you may ask WRTA to change a policy, practice or procedure when you need the change to use our service because of a disability. You do not have to use this form: you can also ask by phone or ask your driver.

How to submit. In person or by mail: 2554 Airport Rd., Riverton, WY 82501. Phone: (307) 856-7118 or WRTA Dispatch (307) 856-9782. Email: TitleVI@fcagwy.gov. Online: www.gowrta.com. If you cannot complete this form on your own, WRTA staff will fill it out with you.

What happens next. WRTA will review your request promptly and fairly and may contact you to discuss options. You will be told the decision, typically within 10 business days.

PART A — RIDER INFORMATION

Full name		Phone number	
Email address			
Mailing address			
Preferred contact method	☐ Phone ☐ Email ☐ Mail		

PART B — MODIFICATION REQUEST

1. Describe the policy, procedure or situation you are asking WRTA to modify. For example: boarding help at a specific location, securing a service animal differently, or allowing food for a medical need.

2. Describe why you need this modification because of your disability. Tell us how the current policy limits your ability to use WRTA service.

3. Is this request for a one-time event or an ongoing need?

☐ One time. Date: _____	☐ Ongoing
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4. What solution or accommodation do you suggest, if known? Describe how WRTA could help in a way that meets your needs. You may leave this blank if you are unsure.

Optional documents. You may attach a letter from a health care provider, an explanation from a caseworker, or photos or diagrams. Documentation is not required, but it may help WRTA's review.

Form completed by	☐ Rider ☐ WRTA staff, with the rider ☐ Other: _____
Date of request	

WRTA USE ONLY

Request reference no.	RM_	Date received	
Received by		Reviewed by	
How it was received	☐ In person ☐ Phone ☐ Email ☐ Online ☐ Mail ☐ Asked a driver		
Determination	☐ Approved in full ☐ Approved with modification ☐ Denied		
If denied, the ground (49 CFR 37.169(c))	☐ Would fundamentally alter the nature of the service ☐ Would create a direct threat to the health or safety of others ☐ The rider can fully use the service for its intended purpose without the modification		
Other action offered, if denied			
Rationale or conditions			
Rider notified	Date:	Review completed	Date:
Approved by (signature)		Date	

A rider whose request is denied may appeal through the ADA complaint process (WRTA-FRM-4.3).