

Reasonable Modification Accommodation Request Form

Please complete this form to request a reasonable modification/accommodation of OCTA's bus transit services. Submit the completed form to OCTA's Federal Compliance Officer or Reasonable Modification Coordinator via email at ADAInquiries@octa.net, or via mail at 550 So. Main St., Orange, CA 92863-1584.

Name:	Today's Date:
	Phone Number:
Street Address:	
City:	Zip Code:
If you are an OC ACCESS custon	ner, please indicate OC ACCESS ID #:
Description of Your Reasonable N	Modification/Accommodation Request:
Specific location where we may no	eed to take action: (if applicable):
Are you able to use OCTA's bus t ☐ Yes ☐ No	ransit services without this modification?
Is this request related to a disabili	ty?
☐ Yes ☐ No	
Please Explain:	