



Request for Reasonable Modification of Policy, Practice, and/or Procedure

Check applicable mode(s) of transit (check all that apply to *this request*)

Commuter/Express Bus

Local Bus

Paratransit

Dial-a-Ride

Name:		
Address:		
City:	State:	ZIP:
Email:	Daytime Phone:	

Describe in detail the modification that you are requesting. (Attach additional pages if necessary)

Describe why this modification is necessary for you use the SolTrans service(s) checked above. (Attach additional pages if necessary)

Please submit this form by any of the following means:

Mail: SolTrans Planning & Operations Manager, 311 Sacramento Street, Vallejo, CA 94590

Fax: SolTrans Planning & Operations Manager, 707-736-6983

Email: info@soltransride.com, attention Planning & Operations Manager

In person: SolTrans Ticket Office, 311 Sacramento Street, Vallejo, CA 94590, or SolTrans Operations and Maintenance Facility, 1850 Broadway Street, Vallejo, CA 94589

SolTrans will ordinarily respond to the request within 2 business days of receipt.