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**CENTRAL MIDLANDS RTA dba THE COMET**

**ACCOMMODATION/MODIFICATION REQUEST FORM**

The COMET does not discriminate on the basis of disability in admissions to, or operation of its programs, services, activities or facilities. This form may be used by individuals and their companions with a disability seeking access to fixed route or DART services, activities or facilities.

**ACCOMMODATION/MODIFICATION REQUEST INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The program or facility to which I am requesting access is located at:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting the following modifications/accommodation (s):

* Wheelchair access
* Sign language interpretation
* Written material in alternate format (large print, computer disc or CD, or other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Written material in Braille
* Reader
* Modification of policies or procedures
* Other

Please provide any other details or information necessary to process this request.

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**Please return this form by written mail to The COMET, 3613 Lucius Road, Columbia, SC 29201, by email at** **arlene.prince@catchthecomet.org****), by fax to 803-255-7113 or by phone to 803-255-7129 (TDD/TTY: 711 through South Carolina Relay Service).**