

# Request for Reasonable Accommodations

Application Date \_\_\_\_\_

BMT is required by Federal regulations to provide individuals with disabilities reasonable accommodations (including modifications or exception) in regards to the transit system operating policies. As an example, current policy requires that passengers are not allowed to eat or drink on the bus. However, if a passenger was a diabetic and was experiencing low blood sugar, the bus driver would let him eat in order to stabilize his blood sugar. This would constitute a reasonable accommodation. Individuals can request a reasonable accommodation by asking the bus operator on the route, by telephoning the BMT Office, or by filling out and submitting this form.

Applicant Name \_\_\_\_\_

Address (Street Number, City, State, Zip Code) \_\_\_\_\_

\_\_\_\_\_

Applicant is (check one):

Person with Disability \_\_\_\_\_ Applying on Behalf of a Person with Disability \_\_\_\_\_

Name of Person with Disability \_\_\_\_\_

Address (Street Number, City, State, Zip Code) \_\_\_\_\_

\_\_\_\_\_

Identify the Need for a Reasonable Accommodation \_\_\_\_\_

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Requested Reasonable Accommodation \_\_\_\_\_

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The Regulation, Policy, Procedure, or Practice from Which the Modification or Exception is Requested \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Appeals Process:**

The applicant, or a person on whose behalf an application was filed, may appeal the written decision to deny or grant an accommodation with alterations or conditions, or denial of the accommodation, no later than thirty (30) calendar days from the date the decision is mailed. The appeal should be in written form describing in detail why the applicant thinks the accommodation request should be approved. It should be mailed to BMT General Manager, 550 Milam Street, Beaumont, Texas 77701. A written answer to the appeal will be mailed to the applicant within ten (10) business days after receipt of the appeal.

**For BMT Use Only**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Staff Name \_\_\_\_\_ Staff Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_