

REQUEST FOR REASONABLE ACCOMMODATIONS

City of Fargo Transit Department (MATBUS)

PART I

		Date	
Name		Telephone Number	
Street/Mailing Address	City	State	Zip
Preferred Method of Contact	Email Address		
Type of Event <input type="checkbox"/> Public Meeting / Public Hearing <input type="checkbox"/> Training <input type="checkbox"/> Other (specify) _____			
Date of Event	And/or	Date Needed	Location of Event

PART II: LIMITED ENGLISH PROFICIENCY (LEP)

Do you need language assistance for LEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Language Assistance <input type="checkbox"/> Oral Interpretation (specify language) _____ <input type="checkbox"/> Written Translation (specify language) _____	
Name of Documents	

PART III: AMERICANS WITH DISABILITIES ACT (ADA)

Do you need an accommodation for a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Types of Accommodation <input type="checkbox"/> Interpreter for deaf (specify ASL, tactile, etc.) _____ <input type="checkbox"/> Assistive Listening device (specify) _____ <input type="checkbox"/> Physical location accessible for persons with a physical mobility impairment. <input type="checkbox"/> Other (specify) _____	
Nature of Disability (Medical Documentation may be requested) <input type="checkbox"/> Physical Mobility Impairment (specify) _____ <input type="checkbox"/> Speech Impairment (specify) _____ <input type="checkbox"/> Visual Impairment (specify) _____ <input type="checkbox"/> Hearing Impairment (specify) _____ <input type="checkbox"/> Other (specify) _____	
Alternative Format (Indicate first, second, third choice if possible) <input type="checkbox"/> Braille <input type="checkbox"/> Large Print (font point size) _____ <input type="checkbox"/> Other (specify) _____	Date Needed <input type="checkbox"/> Audio Recording – MP3 _____ <input type="checkbox"/> CD/Flash Drive _____
Name of Documents	
For Office Use Only	
<input type="checkbox"/> Granted as requested	<input type="checkbox"/> Granted with change – see additional information
<input type="checkbox"/> Denied – see additional information	

INSTRUCTIONS

General:

1. Requests for Reasonable Accommodations can be made by completing this form. If you prefer to complete this form electronically, go to the MATBUS.com website at

<http://matbus.com/riding-matbus/reasonable-accommodation>
2. You may submit the completed form as follows:
 - a. Save the completed form to your computer, click on the email link and attach your completed form.
Email to:
scrowell@matbus.com
 - b. Mail to:

MATBUS – City of Fargo Transit
650 23rd St N
Fargo ND, 58102
3. If you need assistance to complete the Request for Reasonable Accommodations form, please contact the MATBUS Mobility Manager at (701) 476-5967 or email scrowell@matbus.com. TTY users may use Relay North Dakota at 711 or 1-800-366-6888.
4. Appropriate provisions will be considered when the Department is notified at least 10 days prior to the meeting date or 15 days prior to the date the written comments or grant applications are due.
 - a. Requests should be made as soon as possible
 - b. Converting printed material may take several weeks
5. The MATBUS Mobility Manager will contact you to discuss your request.

PART I

Complete all information in this section.

PART II: Limited English Proficiency (LEP)

Check all boxes that apply to the type of language assistance you are requesting.

PART III: Americans with Disabilities Act (ADA)

Check all boxes that apply to the accommodation(s) you are requesting.