



## REASONABLE MODIFICATION REQUEST FORM

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

Request Applies to: \_\_\_ Fixed Route Bus \_\_\_ Special Service Van

Requested By: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ (If have one)

Modification is for: \_\_\_ self or \_\_\_\_\_ (Name of Rider)

Timeframe modification is needed for: \_\_\_\_\_

---

What is the modification needed? \_\_\_\_\_

---

\*If modification is to “Not wear a mask due to COVID-19”, the Authority requires medical documentation to be attached to this form stating the nature of the medical condition that affects the ability to wear a mask.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

\*The Authority must have the required medical documentation for not wearing a mask before the applicant can ride either service.

Please send completed form by one of the following methods:

Via US Mail to:

OR

Via Email to:

BARTA ADA Services  
1700 North Eleventh Street  
Reading, PA 19604

barta@bartabus.com

**Order under Section 361 of the Public Health Service Act (42 U.S.C. 264) and 42 Code of Federal Regulations 70.2, 71.31(b), 71.32 (b). Requirement for Persons to Wear Masks while on Conveyances and at Transportation Hubs**