

**OWEN COUNTY PUBLIC TRANSIT
REASONABLE MODIFICATION MEDICAL DOCUMENTATION FORM**

A reasonable modification may be requested by individuals who are disabled as described by ADA. A new applicant will be required to submit documentation from his/her physician establishing ADA-eligibility. In determining whether to grant a requested modification, Owen County Public Transit (OCPT) will be guided by the provisions of the Americans with Disabilities Act (ADA) as amended and the United States Department of Transportation (DOT) regulations in conjunction with the guidance provided in Appendix E of Title 49 CFR Part 37.

Physician Name _____

Address _____

City _____ State _____ Zip Code _____

Physician _____

Signature _____

Date signed _____

Patient Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____

1. The patient listed above does/does not (circle one) have a medical condition.
2. The medical condition is _____.
3. The medical condition is permanent/temporary (circle one).
4. Please describe the reason this individual requires a reasonable modification to utilize OCPT.

*Please return this form by email to ptadm@owencountyky.us;
Mail to: ATTN PT Adm., 100 N. Thomas St., Owenton, KY 40359
Hand deliver to Owen County Courthouse, 100 N. Thomas St., Owenton, KY 40359*

Date Created: July 15, 2021