



**RideKC Freedom
Reasonable Modification Request Form**

Date: _____

I certify as follows:

1. I am a RideKC Freedom eligible rider. My RideKC Freedom ID number is

_____.

2. I request a modification of the following policies, practices or procedures: List policy and/or describe request:

3. I request the following reasonable modification be made to the policy, practice or procedure identified above:

4. Without a modification, I would be unable to fully use RideKC Freedom services because:

5. I understand that RideKC Freedom is not required to modify its services to provide personal care attendants or service; service animal supervision or medical services; service outside its service area or hours of operation; modifications which would cause a direct threat to the safety of others; modifications which would cause a fundamental alteration of its service; modifications that would impose an undue administrative or financial burden on RideKC Freedom and modifications which would result in an illegal act.

6. My preferred method of contact regarding this request is:

- Email
- US Mail
- Telephone

Signature: _____

Type or print name: _____

Please send your completed form to:

RideKC Freedom
ATTN: Director Service Delivery & Contracted Services Paratransit
1200 E. 18th Street
Kansas City, MO 64108