

Reasonable Accommodations Request & Consent Form

Henry County Transit's policy states, we are a curb to curb service. This form shall be completed if you are seeking to have Henry County Transit pick you up beyond the general point of service, due to a reasonable need. Each requests submitted will be evaluated; If your request is approved, the county and/or affiliates shall not be liable for any damages caused by the Henry County Transit bus to any of the client's personal property.

Client's Name: _____

Property Address: _____

Reason for Request (Explain Need): _____

Site Visit Conducted yes no

Date Visit Conducted: _____

Request approved denied

Taleim Salters

Director of Henry County Transit

Brad Johnson

Assistant County Manager

Client's Signature

APPLICATION FOR REQUEST FOR REASONABLE ACCOMMODATION

NOTE: If you need help in completing this request form, Henry County Transit will assist you. Please contact the person at the counter where you received this request form for assistance.

1. Name of Applicant _____

Telephone Number _____

2. Address _____

3. Address of Residence at Which Accommodation Is Requested _____

4. Is there adequate space for a Transit Bus to complete a turnaround? Is so, describe the space available.

5. Give the reason that the Reasonable Accommodation may be necessary for you or, the individuals with disabilities. You do not need to tell us the name or extent of your disability or that of the individuals seeking Reasonable Accommodation.

6. If we have questions about your request for Reasonable Accommodation and you would like us to contact someone assisting you with this request, instead of you, please give us that person's name, address and telephone number.

7. Signature of Applicant _____ Date _____

PLEASE ATTACH ANY DOCUMENTS THAT YOU THINK SUPPORT YOUR REQUEST FOR REASONABLE ACCOMMODATION AND WOULD ASSIST US IN CONSIDERING YOUR REQUEST.

EXHIBIT C

**NOTICE OF DECISION ON REASONABLE
ACCOMMODATION REQUEST**

1. Date of Application:

2. Date of Decision:

3. The request for a Reasonable Accommodation is:

___ ___ Granted _____ Denied (See Notice below re right to appeal decision.)

4. The reasons for this decision are as follows:

After a thorough review of the property on _____ GA it is decided that HCT will provide transportation up the driveway provided the vehicle has ample amount of room to around and not have to back in or out of the driveway.

5. The facts relied on in making this decision:

There is adequate room provided for the bus to get in and out of the driveway. Henry County and Henry County Transit nor the Drivers will not be held responsible for property damages for accommodating this request.

Signature of Designee _____ Date _____

NOTICE: If your request for accommodation was denied, you may appeal the reviewing authority's decision to the Henry County Board of Commissioners within sixty (60) days of the date of this decision. To file an appeal, complete and file an Appeal of Denial of Reasonable Accommodation Request form with Henry County Transit. You may request Reasonable Accommodation in the procedure by which an appeal may be conducted.

EXHIBIT D

**APPEAL OF DENIAL OF REASONABLE
ACCOMMODATION REQUEST**

NOTICE: PLEASE ATTACH TO THIS APPEAL FORM (1) A COPY OF YOUR REASONABLE ACCOMMODATION REQUEST ALONG WITH ANY ATTACHMENTS SUBMITTED WITH THE REQUEST AND (2) THE NOTICE OF THE DECISION DENYING YOUR ACCOMODATION REQUEST.

1. Date of Adverse Decision: _____

2. Date Appeal Filed: _____

3. State why you think the denial of your request for Accommodation was wrongly decided:

4. Provide any new information, facts or documents that support your request for Accommodation:

5. Signature _____ Date _____

**GUIDELINES FOR REGULATIONS GOVERNING REQUESTS FOR REASONABLE
ACCOMMODATION**