

Reasonable Modification/Accommodation Request Form

First Name	Last Name		
Phone Number	E-Mail		
Mailing Address			
City	State		Zip
Is there a specific service location that requires the need for an accommodation?		□ Yes	🗆 No
If YES, what is the location address?			
Description of Modification/ Accommodation	Requested:		
Are you able to ride without this accommodat	ion?	□ Yes	□ No
Submitting by e-mail will represent your signature.	If not submitting by e-mail, ple	ease sign and date	below.
Signature	Date		
Please submit this request to Oria	Smith, Director of Public Tra	ansportation	

Phone: 606-436-8853 / 1-866-813-0072 • E-mail: o.smith@lklp.net

Mail: 398 Roy Campbell Drive, Hazard, KY 41701