

Reasonable Modification Request

The information obtained in this request will only be used by Mason City Public Transit for the purpose of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

Name:

Address:

City, State & Zip Code:

Telephone Number:

E-Mail Address:

Please indicate the service you will be using: (Please Circle)

Fixed Route

Paratransit

Reasonable Modification Request (Optional): Describe any modifications to Mason City Public Transit's policies and procedures in order for you (an individual with disabilities) to access Mason City Public Transit services. These requests may also be made as you schedule your service for paratransit.
