



## Reasonable Accommodation Request Form

<b>Date:</b>
<b>Name:</b>
<b>Phone Number:</b>
<b>Address:</b>
<b>Description of Request:</b>
<b>Service and/or Location:</b>
<b>Are you able to ride without this accommodation?</b>

Please complete this form to request a reasonable accommodation from Middle Kentucky Transit.

**Submit the completed form to the following:**

Email: [mkhroffice@mkcap.org](mailto:mkhroffice@mkcap.org)

Fax: (606) 666-9780

Mail: **Middle Kentucky CAP, Inc.**

171 Howell Heights

Jackson, KY 41339

Attn: Rebekah Bush