

**GOLDEN CRESCENT REGIONAL PLANNING COMMISSION  
TRANSPORTATION PROGRAM  
REASONABLE MODIFICATION APPEAL FORM**



GCRPC will be guided by the Americans with Disabilities Act (ADA) FTA C 4710.1 with determining whether to grant requested modification.

Name of individual requesting modification: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ Telephone Number (Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If this appeal is being made by someone else on behalf of the individual with disabilities, please provide name, relationship to individual and telephone number below:

Advocate name: \_\_\_\_\_

Relationship to rider: \_\_\_\_\_

Advocate's telephone number: \_\_\_\_\_

Date modification requested \_\_\_\_\_ Date modification denied \_\_\_\_\_

Reason for appeal (attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This form may be dropped off or mailed to:**

**Golden Crescent Regional Planning Commission**

**Attn: Director of Transportation Services**

**1908 N. Laurent St. Ste. 115**

**Victoria, TX 77901**

**\*\*To check on the status of the request, call Victoria Transit at (361) 578-8775 or toll free**

**1-877-538-6819**

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GCRPC Office Use only:

Date Received: \_\_\_\_\_

Request Approved/Denied \_\_\_\_\_

Notification sent: \_\_\_\_\_