



Request for Reasonable Accommodation/Modification

The City of Winona, MN - Transit Service is committed to complying with the Americans with Disabilities Act ("ADA") and the Minnesota Human Rights Act ("MHRA"). The ADA Coordinator/Designee will review each request on an individualized, case-by-case, basis to determine whether an accommodation or modification can be made.

General Information

Date of Request: _____

Person needing accommodation/modification:

Name: _____

Address: _____

Email: _____ Phone: _____

Person making request (if different from person needing accommodation/modification):

Name: _____

Email: _____ Phone: _____

Relationship to person needing accommodation/modification: _____

Accommodation Information

Date accommodation/modification is needed: _____

Type of accommodation/modification requested (please be specific): _____

How would you like to be notified of the status of your request?:

☐ Phone ☐ Email ☐ Writing ☐ Other (specify): _____

If someone else has completed this form on your behalf and you want that person to be notified of the status of your request, please initial here: _____

All requests for accommodation/modification will be evaluated individually and a response to your request will be provided within one week of receipt.

Signature of Requestor _____ Date _____

This form can be mailed to

City of Winona
Transit Service
207 Lafayette Street
Winona, MN 55987

Or emailed to transit@ci.winona.mn.us

OFFICE USE ONLY

RESPONSE TO REQUEST FOR ACCOMMODATION/MODIFICATION

Date request received: _____

The request for accommodation/modification is **GRANTED**. Below is a description of the accommodation/modification:

The request for accommodation/modification is **DENIED** because:

The requester does not meet the essential eligibility requirements or qualifications for the program, service, or activity, without regard to disability.

The requested accommodation/modification would impose an undue burden on the agency; and/or

The requested accommodation/modification would fundamentally alter the nature of the service, program, or activity.

Requester notified on: (date)_____ via:_____

Additional notes:

City Clerk:

Name: Monica Hennessy Mohan

Signature_____Date_____