

Transportation Program
Logan County Historical Society dba First Capital Trolley

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Request for Reasonable Accommodation

GENERAL INFORMATION

Name Telephone (Home/Cell) Telephone (Business)

Street Address City State Zip Code

ACCOMMODATION BEING REQUESTED

I am unable to:

What can we do to help you?

Date Submitted:

Month _____ Day _____ Year _____

Date this Request was resolved? _____

Date rider was notified? _____ Notification was by _____
(e-mail, mail, phone, etc)

Signature _____ Date _____ Print Name _____