

**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 \_\_\_\_\_