All federally funded public transportation entities are subject to provide reasonable accommodations by making changes to policies, practices, and procedures if needed for an individual with a disability to use the Fixed Route Bus Service, unless providing such accommodations are an undue financial and administrative burden or constitute a fundamental alteration of the program or activity.

Please complete the form below to request a reasonable accommodation and return the form to CATA, 214 Pine Street, Meadville, PA 16335.

If the request is based on a medical condition, you may be asked for additional information. You will receive a response to this request within 30 days of receipt by CATA.

Name: _______________________________________________
Address: ___________________________________________________________
Phone: ___________________________________
I am requesting the following accommodation: ____________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
It is necessary for me to have this accommodation for the following reason(s):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Signature ____________________________ Date ____________________________