

City of Marion Transit System (MTS) – ADA Reasonable Accommodation Request Form

We look forward to working with you! In order that we may best assist you, please complete the following information and submit your request form via the US Postal Service (USPS) to the Manager of the Marion Transit System at 520 East 6th Street, Marion, IN 46953; or by confidential fax at 765-668-1798. You may also attach the request form and email it to the Marion Transit System’s Administrative Assistant to the Manager (Ms. Pam Leming) at pleming@cityofmarion.in.gov

Feel free to contact us with any questions by calling 765-668-4405 weekdays between 8AM-4PM, EST.

Name/Contact Information of Individual to Receive Services:

Last: _____ First: _____

Marion Transit ADA ID Number, if you have one: _____

Phone Number: (_____) _____ - _____

Email Address: _____

Disability Information; Please Check All That Apply: Mobility Dexterity Vision
 Hearing Communication Cognitive Psychiatric Hidden Other-Please
Describe: _____

Briefly describe the limitations you’re experiencing when performing your essential functions.

What accommodation(s) are you requesting? (If you have an accommodation in mind, please describe it and include specific information: _____

_____ I’m not sure what I need.

_____ Sign language interpreter services

Do you currently use accommodations or assistive technologies? Yes No . If so, please describe

Please submit this form to the Marion Transit System for review; a representative of the Marion Transit System will review the form and personally contact you within three (3) working days of receipt of this completed form. Thank You.

City of Marion Transportation Department
520 East 6th Street
Marion, IN 46953