Reasonable Modification Request Form

Use this form to request a modification to current STAR Transit policies, practices and procedures. Be specific and provide as much detailed information as possible. This will allow us to effectively process and evaluate your request. Before filling out this form, please review STAR Transit's Reasonable Modification Request Process.

Please include the following items in your request:

- Why, based on a disability, is the modification necessary?
- Provide a description of your limitation(s) and how it is affected by STAR Transit's policy and procedures.

Name: _____

Date: _____

Best way to contact you: _____

Modification Request: _____

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Please send your request form to one of the following:

Mail to:
STAR Transit
Attn: Executive Assistant
P.O. Box 703
Terrell, TX 75160

Pick up a form at Operations Center:
500 Industrial Blvd.
Terrell, TX 75160

E-mail:
teresa@STARtransit.org
Phone: 469-474-2309
Fax: 972-563-0048