



Reasonable Modification Request Form

Americans with Disabilities Act | Trolleys Inc. dba Sunway Charters

Sunway Charters will make reasonable changes to its policies, practices, and procedures so that riders with disabilities can use our service. Use this form to tell us what you need. Please send it at least 48 hours before your trip when you can. If advance notice isn't possible, you can ask your driver on the day of travel.

You don't have to use this form. You can also make a request by phone or email using the contact information on page 2.

Need help? If you need help completing this form, or need it in another language or format, call (704) 348-1200. TTY users dial 711.

¿Necesita ayuda? Si necesita ayuda para completar este formulario, o lo necesita en otro idioma o formato, llame al (704) 348-1200.

SECTION 1 – YOUR INFORMATION

Full name			
Street address			
City, State, ZIP			
Phone		Email	

1.1 How should we contact you about this request?

☐ Phone ☐ Email ☐ Mail ☐ TTY / Relay (711) ☐ Text message

1.2 Do you need our response in an accessible format?

☐ Large print ☐ Audio recording ☐ Braille ☐ Other: _____

SECTION 2 – WHO IS THIS REQUEST FOR?

2.1 Are you making this request for yourself?

☐ Yes – skip to Section 3 ☐ No – complete below

Rider's name		Your relationship	
Rider's phone / email			

SECTION 3 – YOUR TRIP

3.1 Type of service:

☐ Charter trip ☐ Intercity Bus Service ☐ Other: _____

Travel date(s)		Booking / route #	
Departing from		Traveling to	

3.2 Is this request for one trip or for all of your trips with Sunway?

☐ This trip only ☐ All future trips (ongoing request)

SECTION 4 – YOUR REQUEST

4.1 What Sunway policy, practice, or procedure makes it hard for you to use our service?

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4.2 What change are you asking us to make?

Examples: boarding at a different spot, extra time to board, help with a bag, bringing food or medication on board, a specific seat, a lift-equipped coach.

4.3 Will you be traveling with any of the following? (check all that apply)

☐ Wheelchair ☐ Scooter ☐ Walker / cane ☐ Service animal ☐ Personal care attendant

If you checked a mobility device, give its approximate width, length, and weight if known:

You do not need to tell us your diagnosis or medical condition. We only need to know what change you are requesting and how it helps you use our service.

SECTION 5 – SIGNATURE

I certify that the information on this form is true and accurate to the best of my knowledge.

Signature		Date	
Printed name			

HOW TO SUBMIT THIS FORM

Send to Sunway Charters

Attn: ADA / Title VI Coordinator
2400 Queen City Drive
Charlotte, NC 28208
Email: ada@sunwaycharters.com
Phone: (704) 348-1200 | TTY: 711

In person or on the day of travel

Drop this form off at any Sunway office in Charlotte, Winston-Salem, Jacksonville, or Myrtle Beach.

If you couldn't make your request in advance, ask your driver or any Sunway employee when you travel. They will help if they can do so safely.

WHAT HAPPENS NEXT

1. We will review your request and respond within 5 business days, or before your trip if it is sooner.
2. If we approve your request, we will let you know and share it with the dispatch team and your driver.
3. We may decline a request only if it would create a direct threat to the health or safety of others, would fundamentally change our service, or is not needed for you to use our service. If we can't make the exact change you asked for, we will work with you on another way to meet your needs.
4. If you disagree with our decision, you may file a complaint using the Sunway Title VI Complaint Form (it also covers disability complaints), or directly with the Federal Transit Administration, Office of Civil Rights, 1200 New Jersey Ave., SE, Washington, DC 20590 | 1-888-446-4511.

FOR SUNWAY OFFICE USE ONLY

Date received: _____ Request #: _____ Received by: _____

Method: ☐ Form ☐ Email ☐ Phone ☐ In person ☐ Driver (day of travel) Entered in log: ☐ Yes

Decision: ☐ Granted ☐ Granted with alternative ☐ Denied

If denied: ☐ Direct threat ☐ Fundamental alteration ☐ Not necessary for access Alternative offered: ☐ Yes ☐ No

Response sent: _____ Dispatch / driver notified: _____ Decided by: _____