**Disability-Based Reasonable Accommodation/Modification Request Form**

Please complete this form to request a reasonable accommodation/modification from PSTA. Submit the completed form to PSTA via email at ada@psta.net, via fax at (727) 540-1923, or via mail to Ross Silvers, ADA Officer, PSTA, 3201 Scherer Drive, St. Petersburg, FL 33716.

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| **Name:** | Click or tap here to enter text. |
| **Today’s Date:** | Click or tap to enter a date. |
| **Phone:** | Click or tap here to enter text. |
| **Email Address:** | Click or tap here to enter text. |
| **Description of Request(s):** | Click or tap here to enter text. |
| **PSTA Facility Location(s) referred to in the request above** (if applicable)**:** | Click or tap here to enter text. |
| **Are you able to access PSTA without this accommodation?** Select one. | [ ]  Yes [ ]  No |