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**FIXED ROUTE**  
315 NORTHAMPTON ST.  
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# **ALTERNATIVE FORMATS POLICIES & PROCEDURE GUIDLINES**



## Alternate Format Procedures and Policies

1. Alternate formats will be granted upon formal completion of an Alternative Format Request Form. The request form must be filled out and given to the LCTA ADA Coordinator to be processing the request.
2. Requests for materials, documents, and information in alternative format will be considered on a case-by-case basis. Once a request is made, preference will be given to the format specified by the individual. However, the recommendation of local disability advocacy organization professionals may be used in determining the specific media format for each item.
3. Alternative format requests must be submitted as soon as the individual learns of their need; requests will be honored provided that the individual making the request understands that the LCTA ADA Coordinator will set the timeline for completion of the work accordingly.
4. Turn-a-round times for alternative format requests are determined on a case-by-case basis. Upon review of material to be formatted and converted, the LCTA ADA Coordinator will notify the individual of the projected completion date. LCTA will make every effort to complete the request in a timely manner. The completion goal for all requests is five business days after receiving the completed request form.
5. The individual will not copy or reproduce any material provided by LCTA, nor allow anyone else to do so. Misuse of this material may result in disciplinary action by The Luzerne County Transportation Authority.
6. Individuals will be provided with one alternative format copy for each material required for use. This electronic file is copyrighted and may not be reproduced or distributed in a format other than a specialized format exclusively for use by blind or other persons with disabilities. Any further reproduction or distribution in a format other than a specialized format is an infringement.
7. Questions regarding alternative format should be addressed directly to the LCTA ADA Coordinator, Joe Roselle at (570) 288-9356 ext. 221.

\*I understand that any item in an alternative format, which may be supplied to me, is solely for my own purposes. I will not copy or distribute any such item in violation of the Copyright Revisions Act of 1976, as amended (17 U.S.C. Sec. 101 et seq.). I understand that failure to abide by this agreement may constitute a violation of the LCTA Passenger Code of Conduct, and/or of the LCTA policy regarding responsible use of LCTA services. I understand that a violation of that policy, including improper distribution of electronic text, may result in suspension of LCTA Services.

Requester Name (please print): \_\_\_\_\_

\*Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Alternate Format Request Form

## **A. Requester Information** *(Please print legibly)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **B. Alternative Format Information**

I hereby request the following alternate format services from the Luzerne County Transportation Authority: *(Mark one)*

Braille                       Large Print                       E-Text                       Audio recording

Other (Please Specify): \_\_\_\_\_

I hereby request the following document/information/item from the Luzerne County Transportation Authority in an alternative format:

- \_\_\_\_\_  
\_\_\_\_\_

## **C. Authorization**

By signing this application, I understand that it is my responsibility to complete an Alternate Format Request Form for each specific item I request. I also recognize that I have received a copy of the Alternate Format Procedures and Policies, and will abide by the standards presented in that document.

Requester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* LCTA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* This application is approved as an appropriate accommodation for my disability only when signed by a LCTA Administrative Official.