

Americans with Disabilities Act (ADA) Paratransit Eligibility Determination Notice of Appeal

A Notice of Appeal must arrive at STA within <u>60 days</u> of the date on the Applicant's Paratransit eligibility determination letter. If applicable, the current expiration date for Paratransit services remains in effect.

| PLEASE PRINT CLEARLY | |
|---|---|
| Name of Applicant: | Paratransit ID: |
| Name of person submitting this form:(If other than applicant) | |
| Relationship to Applicant: | |
| The applicant wishes to appeal the Paratransit | eligibility determination, which was dated: |
| I request that a hearing date be set by the STA Accessibility Officer within twenty (20) working days of receipt this Notice, and that I be notified of the time and the place of the hearing. | |
| This form must be signed by the Applicant or by the Applicant or the person who has designated are signing as a Legal Guardian or Power of At documentation must be on file in the STA Para- under 18 years of age, a parent or legal guardia | d Power of Attorney for the Applicant. If you torney, a current copy of the authorizing transit Eligibility office. If the Applicant is |
| Applicant Parent Legal | Guardian Power of Attorney |
| Authorizing Signature: | Date: |
| Printed name: | |
| Contact phone number(s): | |
| Return this completed form to: STA Paratransit Appeals 1230 West Boone Avenue Spokane WA 99201 | |

STA assures nondiscrimination in accordance with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act. For more information, visit www.spokanetransit.com. All phone numbers are accessible for people who are deaf or hard of hearing through Relay 711.Upon request, alternative formats of this document will be produced for people who are disabled. Call (509) 325-6094 or email smillbank@spokanetransit.com.