



LANTA ADA Paratransit Eligibility Determination Appeal Request

Please complete this form if you would like to appeal your eligibility determination regarding LANTA's ADA Paratransit Service. Once completed, please return this form to the address at the bottom of the page. Completed forms and any additional information must be received within sixty (60) calendar days of the date on your eligibility determination letter. **If the sixty (60) calendar days are missed, the opportunity to appeal will have been missed.**

Name: _____

Street address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Telephone number with area code: (_____) - _____

Advocate name, if any: _____

Advocate telephone number with area code: (_____) - _____

Select one of the following:

_____ I choose to submit additional information for the Appeal Committee to consider, but I do not want to appeal in person. If you choose this option, along with this form, you may submit the enclosed applicable questionnaires, other information, or a combination of both that you would like the Appeal Committee to consider.

_____ I choose to appeal in person. *If you choose this option, who should we contact to schedule a mutually agreed upon date and time for the in-person hearing?*

_____ Please contact me.

_____ Please contact my advocate: If you want us to contact and deal with your advocate, the enclosed Authorization for Disclosure of Personal Information form should be completed and returned with this form. You may bring additional information to the hearing and may attend with others who are able to provide information on your behalf.

Applicant signature: _____

Advocate signature, if applicable: _____

Date: _____

Return to:

LANTA
1060 Lehigh Street
Allentown, PA 18103
Attn: Accessibility Programs Administrator