

## NOTICE OF RIGHT TO APPEAL

Under the provision of the Americans with Disabilities Act (ADA), you have the right to appeal a determination of ineligibility for ADA Paratransit Service or any restrictions or conditions that are placed upon your use of ADA Paratransit Service. If you wish to make an appeal, please complete this form and return it to:

Broward County Transit  
ADA Paratransit Service / Appeals Coordinator  
1 N. University Dr. Ste. 3100A  
Plantation, Florida 33324

Appeals must be filed, in writing, within **sixty (60) days** of the date of denial. If the sixtieth (60<sup>th</sup>) day is on a weekend or legal holiday, an appeal will be accepted on the next subsequent business day. Untimely appeal requests will not be processed.

Appellants are urged to state in their written appeal the reason(s) the determination does not accurately reflect their ability to use the fixed-route bus service, or why the conditions are inappropriate. Appellants are requested to provide additional supporting documentation to substantiate their position. Upon receipt of this form, County staff will review your statements and information provided on an informal level. This may also involve requesting additional medical information and/or investigative efforts to resolve the matter on an informal level.

If the matter cannot be resolved at the informal level, the applicant will be contacted and the appellant may request to have their appeal reviewed at a more formal level before the ADA Paratransit Eligibility Appeals Board. If the appellant plans to introduce additional written information or have individuals present on their behalf at the hearing, the appellant **MUST** provide copies of this information and a witness list to BCT at the above address at least five (5) days prior to the scheduled appeal hearing.

If you have any questions regarding the appeals process, please call the Appeals Board Coordinator at 954-357-8405.

### REASON FOR APPEAL REQUEST

I wish to appeal the determination of my ineligibility for ADA Paratransit Service or of restricted or conditional eligibility for the following reason(s):

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(Signature)

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(Date)