

NOTICE OF RIGHT TO APPEAL

Under the provisions of the Americans with Disabilities Act of 1990, you have the right to appeal any restrictions that may have been placed upon your use of BT ACCESS paratransit service. You must make your appeal within sixty (60) days of your receiving your determination letter.

If you wish to make an appeal, please fill out the following information. The Blacksburg Transit Operations Manager and the BT ACCESS Supervisor will review this additional material, and will schedule a phone call OR meeting at our office within ten (10) days of receiving your appeal. You may designate an advocate in this matter if you wish.

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Your Name: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____ **Daytime phone:** _____

Designated advocate, if any: _____

Advocate's daytime phone: _____

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Please reply to each numbered item in your letter of determination. If you agree with a particular numbered item, please note this as well. You may submit written material regarding your disability and your functional ability to use the paratransit service as part of this appeal. Please note that any written material will become part of the record of this request and cannot be returned.

Based on the above statement, and supported by any material submitted, I hereby appeal the determination of restrictions to the ADA Paratransit service. I understand that my request will be reviewed, and that a hearing may be conducted on this matter.

Signature _____ Date ____/____/____