



ADA Paratransit Trans-AID No-Show Appeal Request Form

If you would like to appeal WSTA/Trans-AID's determination regarding no-shows for Trans-AID, please complete this form and return it to the address listed below. Completed forms must be postmarked within 60 days of the date of your suspension letter.

Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Area Code and Telephone Number: (_____) - _____

Select one of the following:

I choose to submit additional information for the Appeal Review Board to consider, but do not want to appeal in person.

(If you choose this option, please send all additional information you would like the Appeal Review Board to consider along with this form.)

I choose to appeal in person.

(If you choose this option, we will contact you to schedule a mutually agreeable day and time for the appeal hearing. You may bring additional information to the hearing and can attend with others who may provide information on your behalf.)

Applicant Signature: _____

Date: _____

Return completed form to:

ADA Compliance Office
WSTA/Trans-AID
100 W Fifth Street
Winston-Salem, NC 27101
336.748.3161 (fax)
custserv@wstransit.com