

Notice of Appeal

To the Tranship Eligibility Appeals Panel

OFFICE USE ONLY

Date of Receipt: _____

The information you provide on this form will be used to reassess your eligibility for TransHelp services.

TransHelp ID # (if known): _____

Title First Name Last Name

Street Address City Postal Code

Phone Number Email

Please explain why you disagree with your eligibility decision:

Please explain why you are unable to use conventional public transit:

Please add any further information you feel is relevant for the Appeals Panel to know about your disability and ability to travel in your community:

Name of Applicant or Representative

Signature of applicant/representative

Please address all information to "TransHelp Appeals" and submit via mail, fax, email or in person to: **TransHelp Appeals, TransHelp, 2 Copper Rd Brampton ON, L6T 4W5 // Fax: 905-277-5864 //Email: transhelp@peelregion.ca // Phone: 905-791-1015 ext. 6029**

Personal information collected on this form is collected under the authority of the Municipal Act, 2001 S.O. 2001 .c 25 s. 11 as amended and will be used by the review committee to determine the eligibility of individuals for an accessible transportation service. Questions regarding the collection, use, or disclosure of the information should be directed to the Regional Municipality of Peel, Accessible Transportation Coordinator, 2 Copper Road Brampton ON L6T 4W5, (905) 791 1015 ext. 6029.