

Notice of Appeal

To the TransHelp 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 by mail, fax or email.

Mail: TransHelp Appeals, TransHelp, 3190 Mavis Road Mississauga ON L5C 1T9

Fax: 905-277-5864

Email: transhelp@peelregion.ca

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, 3190 Mavis Road Mississauga ON L5C 1T9, (905) 791 1015 ext. 6029.