



Accessible Transportation Services
2200 Upper James Street
P.O. Box 340
Mount Hope, ON L0R 1W0
Phone: 905.529.1212 Fax: 905.679.7305
E-mail: ats@hamilton.ca Website: www.hamilton.ca/ats

ACCESSIBLE TRANSPORTATION SERVICES (ATS)
ELIGIBILITY APPEAL FORM
(PLEASE PRINT CLEARLY)

This Appeal is in respect to a decision made by Accessible Transportation Services (ATS) dated:
(INDICATE DATE OF DECISION: YEAR - MONTH - DAY)
with respect to my eligibility for service (COMPLETE THE FOLLOWING INFORMATION):
APPLICANT NAME: APPLICANT ID #

ATS ELIGIBILITY DECISION (check correct box below):

- CONDITIONAL SERVICE - applicant is eligible for some trips with ATS under certain conditions
TEMPORARY SERVICE - applicant is eligible for trips with ATS on a temporary basis
NOT ELIGIBLE - applicant is not eligible for any trips with ATS

I WISH TO APPEAL ATS' DECISION ON THE BASIS OF THE FOLLOWING INFORMATION (any supporting documentation should be attached to this appeal form):

Blank lines for providing appeal information.

I authorize ATS to make available to the ATS Eligibility Appeals Panel the information it requires to consider my appeal.

- I WISH TO APPEAR I DO NOT WISH TO APPEAR
I hereby APPOINT (PRINT NAME) as my agent and to appear on my behalf.

IF YOU HAVE AN AGENT THEN THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED

If you have an agent, please provide the following personal information which is collected under the authority of the *Municipal Act*, 2001, S.O. 2001, c.25 as amended. This information will be used for processing your appeal and will become part of a confidential agenda.

Agent's Name: _____
(if applicable) Last Name Mr/Miss/Mrs/Ms First Name Middle Initial

Home Address: _____ Apt/Unit # _____

Mailing Address (if different): _____ Apt/Unit # _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home () _____ Work () _____ Cell () _____

E-mail address: _____

FURTHER INSTRUCTIONS:

YOU MAY BRING ANOTHER PERSON(S) TO THE APPEAL PANEL HEARING TO DISCUSS YOUR APPEAL. IF YOU WISH TO DISTRIBUTE WRITTEN MATERIAL TO THE PANEL MEMBERS AT THE HEARING, YOU MUST BRING A MINIMUM OF **THREE (3) COPIES**. A LETTER OF NOTICE WILL BE MAILED TO YOU ADVISING OF THE APPEAL HEARING DATE, TIME AND LOCATION.

TRANSPORTATION TO THE APPEAL HEARING IS **NOT** PROVIDED BY ATS. IF YOU ARE UNABLE TO ATTEND THE HEARING THEN CONTACT ATS TO DISCUSS ALTERNATIVE OPTIONS.

SUBMIT YOUR APPEAL TO THE ATTENTION OF THE ATS ELIGIBILITY APPEAL PANEL USING ONE (1) OF THE FOLLOWING METHODS:

BY MAIL:
Accessible Transportation Services (ATS)
2200 Upper James Street
P.O. Box 340
Mount Hope, ON L0R 1W0

BY FAX:
905-679-7305

BY E-MAIL:
ats@hamilton.ca

IF YOU HAVE ANY QUESTIONS OR NEED MORE INFORMATION CONTACT ATS @ 905-529-1212