



THE CITY OF
CALGARY
CITY CLERK'S OFFICE

**ACCESS CALGARY
ELIGIBILITY APPEAL BOARD**

ACCESS CALGARY ELIGIBILITY APPEAL

TO: THE CITY CLERK #8007
PO BOX 2100 STN M
800 MACLEOD TRAIL SE
CALGARY AB T2P 2M5
FACSIMILE: 268-2362

This Appeal is in respect to a decision by Calgary Transit, Accessible Transportation Services, dated: _____
(DATE OF DECISION - YEAR - MONTH - DAY)

with respect to account/card number _____.

CALGARY TRANSIT'S REASON FOR REFUSAL WAS:

CONDITIONAL ELIGIBILITY DENIED ELIGIBILITY TEMPORARY ELIGIBILITY SUSPENSION OTHER

DECISION OF CALGARY TRANSIT WAS ON THE FOLLOWING GROUNDS:

I WISH TO APPEAL THAT DECISION (SUPPORTING INFORMATION SHOULD RELATE TO THE REASON FOR REFUSAL):

I authorize Calgary Transit to make available to the Access Calgary Eligibility Appeal Board the information it requires to consider my appeal.

I WISH TO APPEAR I DO NOT WISH TO APPEAR

I hereby APPOINT _____ as my agent and to appear on my behalf.

Dated this _____ day of _____, 200 _____

APPELLANT'S SIGNATURE

In order for the City Clerk to notify you of your appeal date, please provide the following personal information, which is collected under the authority of the Municipal Government Act, Section 217 and the Freedom of Information and Protection of Privacy Act, Section 33(c). This information will be used for processing your Appeal and will become part of a confidential agenda. For further information, please contact the Committee Assistant at **268-5861**.

APPELLANT'S LAST NAME (PLEASE PRINT)	FIRST NAME	HOME TELEPHONE NUMBER
ADDRESS	POSTAL CODE	WORK TELEPHONE NUMBER

AGENT'S LAST NAME IF APPLICABLE (PLEASE PRINT)	FIRST NAME	HOME TELEPHONE NUMBER
ADDRESS	POSTAL CODE	WORK TELEPHONE NUMBER