

If you wish to appeal your eligibility determination for Dial-A-Ride, Ben Franklin Transit (BFT)'s American with Disabilities Act paratransit service, please complete this Notice of Appeal and submit it to BFT within 60 days of the date on your eligibility determination letter. If you are currently using Dial-A-Ride, the expiration date on your last eligibility letter remains in effect and is not automatically extended by submitting this Notice of Appeal.

PLEASE PRINT C	LEARLI		
Name of Applica	nt:		
Name of person :	submitting for	rm (if different):	
Relationship to A	pplicant:		
Date on DAR eligibility determination letter:			
within 20 workin of the hearing tir This form must b designated Powe signing this Notic	g days of rece ne and place. e signed by the er of Attorney. ce for the App mentation. If t	ne Applicant, or by a Le If a Legal Guardian or Ilicant, please include a the Applicant is under	that he/she be notified egal Guardian or Power of Attorney is
□ Applicant	□ Parent	□ Legal Guardian	□ Power of Attorney
Authorizing Signature:			Date:
Printed Name: _			_
Contact phone	number(s):		

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Once signed, please submit the Notice of Appeal and supporting documentation by one of these methods:

Fax: 509.734.5195

or

Mail: Ben Franklin Transit Attn: Dial-A-Ride 1000 Columbia Park Trail Richland, WA 99352

BFT assures nondiscrimination in accordance with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act. For more information, visit **bft.org/Civil-Rights**.

All phone numbers are accessible for people who hearing impaired through Relay 711. To request alternative formats of this document, please call **509.735.0160**.

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