



A passenger wishing to dispute a decision on eligibility or a penalty may mail this form within ten (10) calendar days of the date on the letter of notification or contact the Customer Relations Supervisor (ext. 382) within five (5) calendar days of the date on the letter of notification.

Completion of this form (or phone call) begins the appeal process cited in the Proline & Shared Ride Guide.

#### Eligibility Appeal:

- Formal hearing with 3 SARTA Representatives and 2 outside citizens to present information and arguments.
- While an eligibility appeal is being reviewed SARTA is not required to provide paratransit service. However, if SARTA has not made a decision within 30 days of the completion of the appeal process, SARTA shall provide paratransit service from that time until and unless a decision to deny the appeal is issued.

#### Penalty Appeal:

- Administrative review will be completed, any penalties not overturned during administrative review may uphold the suspension or warning letter.
- If unsatisfied with the administrative review the passenger may requesting a formal hearing by phone or completing another form as noted above within 14 days of the original letter of notification. Additional forms may be sent by request or downloaded from our website: [www.sartaonline.com/proline](http://www.sartaonline.com/proline)
- While the penalty appeal is being reviewed, the applicant will continue to receive services, pending the results of the review.
- Suspensions that are upheld or not contested will begin 23 days after the date on the letter of notification.

If you would like to designate an authorized representative to act on your behalf you will need to complete the Authorized Representative section of the Appeal Request including the full name, address, phone number, and relationship to you.

**Complete this form and mail or deliver to:**

**SARTA, Attention: Customer Relations Supervisor 1600 Gateway Blvd SE, Canton, OH  
44707**



### Request for Appeal

Client # \_\_\_\_\_ Today's  
Date: \_\_\_\_\_

Client Name: \_\_\_\_\_  
\_\_\_\_\_  
(Please print your full name) (Please sign your full name)

Phone # \_\_\_\_\_

Reason for Appeal:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Authorize Representative

Name: \_\_\_\_\_  
\_\_\_\_\_  
(Please print your full name) (Please sign your full name)

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

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