



STARK AREA REGIONAL TRANSIT AUTHORITY

1600 Gateway Blvd. SE, Canton, Ohio 44707

P 330.477.2782 • 800.379.3661 TTY 800.750.0750 F 330.454.5476

Appeals

A passenger wishing to dispute a decision on eligibility, or a penalty may mail the Appeal Form within sixty (60) calendar days of the date on the letter of notification.

Completion of the form begins the appeal process cited in this 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 request a formal hearing by phone or complete another form as noted above within 14 days of the date on the administrative review notification letter. Additional forms may be sent by request or downloaded from our website: 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 90 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

SARTAonline.com



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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