



UNIVERSITY
OF WYOMING

Transportation
Services

Mailing: 1000 E. University Ave. • Dept. 4313 • Laramie, WY 82071

Office: 2102 S. 15th St. • Laramie, WY 82070

Phone (307) 766-7433 • Fax (307) 766-9804 • Email: tppara@uwyo.edu • Website: www.uwyo.edu/paratransit

PARATRANSIT SERVICE APPEAL

REQUEST PROCESS (Please print legibly)

1. Complete all sections of this form. It is important that the information provided is complete and accurate.
2. Please include any supporting documentation. Additional pages may be added.
3. Eligibility appeals must be received within 60 calendar days of the denial. Suspension of service appeals must be received prior to the start of the rider's suspension.
4. Submit in any of the following ways:

Mailed to:

UW Transportation Services
Dept. 4313

1000 E. University Ave.

Laramie, WY 82071

Emailed to:

tppara@uwyo.edu

Faxed to:

(307) 766-9804

In Person :

Paratransit Office
2102 S. 15th St

-or-

Transportation Services Office
1602 E. Spring Creek Dr.

Notification of the decision will be sent to the mailing and/or email address provided by the rider.

Reason for appeal:

- Appealing the decision to deny my paratransit service application
- Appealing the decision to suspend my paratransit service
- Other

In as much detail as possible please explain why you are appealing.

A representative will be in contact to set up a hearing with you. At this time, please tell the representative if you need transportation to the hearing.

I understand that falsifying information in this appeal will result in denial of the appeal and may subject me to disciplinary action. I further attest all information given is true, correct, and valid to the best of my knowledge and belief. After considering all of the facts relating to the citation, I believe I have a fair just reason for appeal.

(Full Name)

(Phone Number)

(Street Address/PO Box)

(City, State, Zip)

(Email)

(Signature)

(Date)

Official Use Only

Received:

Letter Sent:

Approved:

Denied: