

Paratransit Service

2102 S. 15th St. • Laramie WY 82072

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

REQUEST FOR EXCUSED NO-SHOW

REQUEST PROCESS (Please print legibly)

- "No-shows" occur when a rider cannot be located at the scheduled pick-up location, or when a rider cancels a trip one (1) hour or less prior to their scheduled "ready time".
- 2. Complete all sections of this form. It is important that the information provided is complete and accurate.
- 3. Provide specific information on the date, time, dispatcher on duty and additional information when the trip bookings were made, change, or cancelled.
- 4. Please include any supporting documentation; such as maps, drawing, and pictures. Additional pages may be added.
 5. This form must be postmarked or received in the UW Transit & Parking Services office within 7 days of the no-show in question.
 6. Submit in any of the following ways:

Mailed to: **UW Transportation Services** 2102 S. 15th St. Laramie, WY 82072

Emailed to: tppara@uwyo.edu

Faxed to: (307) 766-9804

Notification of the decision will be sent to the address provided by the rider.

	error on behalf of UW Transportation Servi nething beyond the rider's control	ices
☐ Other		
Date of No-Show:	Time of No-Show:	
In as much detail as possible ple	ease explain why the no-show trip should b	pe excused.
	n in this request will result in denial of the request a rect, and valid to the best of my knowledge and bel on for requesting an excused no-show.	
(Full Name)		(Phone Number)
(Street Address/PO Box)	(City, State, Zip)	(Email)
(Signature)		(Date)
Official Use Only		
Received:	Letter Sent:	
Approved: □	Denied: \square	