

Palm Tran Connection Appeal Form

Please complete this form if you would like to appeal our determination regarding your eligibility/service suspension/PCA requirement, or reasonable modification denial for the Palm Tran Connection paratransit service. Once completed, please return it to the address listed below or e-mail it to: palm-ptcappeals@pbcgov.org. Completed forms must be postmarked or received within 60 days of the date of your denial/suspension/requirement determination letter.

Print Client First and Last Name: _____

Print Client Home Address: _____

City: _____ State _____ Zip _____

Telephone number with area code: (_____) - _____

Select one of the following:

____ I have chosen to submit additional information for consideration of the appeal, but I do not want to attend **in person**. (If you choose this option, please send all additional information you would like Palm Tran to consider along with this form.)

____ **I choose to appeal in person**. (If you choose this option, we will contact you to schedule a mutually agreeable day and time for the appeal hearing. You may bring additional information to the hearing and can attend with others who can provide information on your behalf.)

Applicant Signature: _____ Date: _____

Client ID #: _____ OR Applicant ID #: _____

Return completed form to:

Palm Tran Connection
Attn: EEO Officer/Appeals Officer
1200 S Congress Avenue
Palm Springs, FL. 33406

Fax: (561) 514-8365

OR

E-mail: palm-ptcappeals@pbcgov.org