access
Access Services is a public entity

ACCESS SERVICES APPEAL FORM

You can request an appeal within 60 days from the date of your determination letter.
Please print clearly and provide the following information below.

ID Number: _____

Full Name: _____

Address: _____

Zip:_____

City: _____ State: _____ _

Primary #: ( ) - _____ Alternative #: ( ) - _____

Mobility Device? ☐Yes If yes, what type: _____

Describe your disability: (please write on reverse if needed)

_____

_____

_____

Explain why you think the transit evaluation decision is incorrect. (Optional)

_____

_____

_____

Signature: _____ Date: _____

Person Completing Form (other than appellant)

Full Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary #: ( ) - _____ Alternative #: ( ) - _____

Signature: _____ Date: _____

Mail to: Access Services
ATTN: Appeals
P.O. Box 5728, El Monte, CA 91734
Email: EligDept@accessla.org