

LAKE COUNTY OFFICE OF TRANSIT SERVICES APPEALS PROCEDURES

Under the provision of the Americans with Disabilities Act of 1990, you have the right to appeal any determination stating that you are not eligible for the Lake County Connection service or any restrictions which may have been placed upon your use of the service. You must make your appeal within sixty (60) calendars of receiving your determination letter.

- If the applicant receives a denial letter or a letter listing conditions of service, a "Request for Appeal" form will be included.
- When the "Request for Appeal" form is returned to Lake County Connection, the file will be routed to the Appeals Committee.
- A letter is sent to the appellant detailing date, time, and location of the appeal hearing. Transportation is provided free of charge to and from the hearing. An advocate is welcome to accompany the appellant.
- The appellant may waive an in-person appeal hearing and proceed on the basis of a written presentation.
- The Appeals Hearing will be conducted by Lake County Office of Transit Services staff that were not included on the original eligibility decision.
- If the Lake County Office of Transit Services has not made a decision within 30-days of the appeal hearing, Lake County Connection shall provide paratransit services from day 31 until and unless a decision to deny the appeal is issued.

REQUEST FOR APPEAL FORM

Please complete this form if you would like to appeal our determination regarding your eligibility for the Lake County Connection Service. Once completed, please return it to the address listed below. Completed forms must be postmarked within 60 days of the date of your eligibility determination letter.

Name:			
Street address:			
City:	State	Zip	
Telephone number with area	code: ()		
I choose to appeal the o	determination of	my ADA Eligibili	ity for Lake County
We will contact you to sched hearing. You may bring addit others who are able to proprovided free of charge to an	ional information wide information	to the hearing a on your behalf	and can attend with
You may choose to waive presentation of justification of	-	aring and proce	ed with a written
I choose to waive the justification in writing to be re			_
If Lake County Connection had hearing, Lake County Connectand unless a decision to deny	tion shall provide p	paratransit servi	
Applicant signature:			
Date:			
Return completed form to:	Appeals (nty Connection Committee Irleigh Blvd FL 32778	