

FOR OFFICE USE ONLY
Date Application Received:



Application No. _____

Access Transit Appeal Application Form

DATE: YY____ MM____ DD____

1. Applicant:

Name: _____

Address: _____

Postal Code: _____

Telephone: Home: _____ Work: _____

2. Reason for Appeal:

Denial of Eligibility

Denial of Subscription Service

Suspension of Service:

No-Show Policy Violation;

Late Cancellation Policy Violation; and/or

Other, Please Explain

Explain: _____

3. Forward completed application to:

Secretary, Access Transit Appeals Board

City Clerk's Office

City of Saskatoon

City Hall, 222 Third Avenue North

Saskatoon, SK S7K 0J5

(306) 975-3240

amended April 4, 2008