

NOTICE OF RIGHT TO APPEAL ADA

The Americans with Disabilities Act of 1990 offers you the right to appeal any determination that indicates you are not eligible for ADA Paratransit service or any conditions that may have been placed upon your use of the service. If you are satisfied with your ADA status, you need do nothing and should discard this form. If you do wish to appeal, please fill out this form and return it to: SMART ADA Appeal, 535 Griswold St, #600, Detroit, MI 48226. You may also email it to: appeal@smartbus.org, fax it to: 248.244.9040, or telephone: 313.223.2193. You must make your appeal within sixty (60) days of receiving your determination letter.

SMART will review any additional information submitted and will contact you to schedule a meeting via telephone or at our downtown office within thirty (30) days of receiving your appeal. You may designate an advocate in this matter if you wish. You and/or your advocate may make a presentation at that time. While it is not necessary to bring special witnesses to this hearing, any medical documentation regarding the condition that limits your ability to ride a Fixed Route bus would be helpful.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone numbers: _____

Designated advocate, if any: _____

Advocate's daytime telephone: _____

Please use the space on the back of this form to detail why you feel this determination should be overturned. Give specific medical reasons why you are unable to get to a bus stop, ride a Fixed Route bus or navigate the Fixed Route bus system. (Use an additional sheet of paper if necessary).

