



NOTICE OF APPEAL FORM

Please complete this Notice of Appeal Form if you wish to appeal your suspension from using the following:

- Lebanon Transit Fixed Route service;
- Lebanon Transit Shared Ride service; and
- Lebanon Transit facilities, bus shelters stations or bus stops.

The Appeal must be postmarked within twenty-five (25) calendar days of the date the Notice of Suspension was issued.

Print Clearly:

Name: _____

Address: _____

Phone: _____

You must CHECK ONE of the following:

_____ I choose to **appeal in person**. If you choose to appeal in person, you will be contacted by Lebanon Transit staff to schedule an appeal meeting. You must be available to attend the meeting at a mutually agreed-upon date and time. **Please bring all supporting documentation to the appeal meeting. Be specific with the dates you are appealing.**

_____ I choose to **appeal in writing**. If you choose to appeal in writing, please submit this or a **Notice of Appeal From or a letter** specifically stating why you believe that the violation was charged against you in error. Be specific with the dates you are appealing. **Please include all supporting documentation with your appeal.**

Sign below to indicate that the information you submitted is correct to the best of your knowledge. If you are unable to sign, you may have someone sign for you and indicate their relationship to you. Unsigned/undated form will be returned.

Signature: _____ Date: _____

You may bring a representative with you. Please indicate any accommodations required to participate in the meeting if requested.

Incomplete forms will not be processed. Please return completed form(s) to:

Lebanon Transit Appeal
200 Willow Street
Lebanon, PA 17046
717.274.3664