

## County of Lebanon Transit Authority (LT)



### **Americans with Disabilities Act of 1990 Reasonable Modification Denial Appeal Form**

Under the provisions of the American with Disabilities Act of 1990 (ADA) you have the right to appeal any determination stating you are **not eligible** for an ADA Reasonable Modification.

If you wish to make an Appeal, please fill out the following information. You may designate an advocate in this matter if you wish. If you wish to schedule a hearing you, your advocate or other representative may make a presentation at that time.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Designated Advocate, if any: \_\_\_\_\_

Advocate Daytime Phone Number \_\_\_\_\_

Please 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 Form or letter specifically stating why you believe that the violations were charged against you in error. Be specific with the dates you are appealing. Please include all supporting documentation with your appeal.

You may submit written material regarding your request for a Reasonable Modification and functional ability to use transit service as part of this Appeal. Please note that any written material will become part of the record of this request and will not be returned.

On the basis of the above statement (and supported by any material submitted) I hereby appeal the determination of Lebanon Transit denying an ADA Reasonable Modification. I understand that my request will be reviewed, at which time I will notified of the results of the determination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**Angela Luciotti, Executive Director**  
Reasonable Modification Denial Appeal  
Lebanon Transit  
200 Willow Street  
Lebanon, PA 17046  
717.274.3664

Updated January 13, 2026

Lebanon Transit  
200 Willow St  
Lebanon, Pa 17046  
717-274-3664

Lebanon Transit is a Drug Free Workplace  
Lebanon Transit is an Equal Employment Opportunity Employer