

**NOTICE OF APPEAL
TO THE LIFT+ ELIGIBILITY APPEAL PANEL**

The information you provide on this form will be used to reassess your eligibility for Lift+ Specialized Transit, in addition to the application form originally submitted.

Title First name Last Name

Street Address

Thunder Bay ON _____ _____
City Province Postal Code Telephone (daytime)

Which decision do you wish to appeal?

Please explain why you disagree with the decision noted above and all factors preventing you from riding Thunder Bay Transit's conventional public transit. Please add additional sheets if required.

Please attach any additional supporting documents you would like to include in your appeal.

If you are not the applicant, please print your name and relationship to the person for whom you are appealing: _____

I certify that to the best of my knowledge, the information provided in this appeal is correct.

Signature of Applicant or Representative Date

Please address and return all information to:
Lift+ Eligibility Appeal Panel c/o Office of the City Clerk
PO Box 800 500 Donald Street East Thunder Bay Ontario P7C 5K4

Office use only
Date of Receipt of this Notice of Appeal
