

Ripley County Transit

RIDER(S) APPEAL FORM FOR DENIAL OF SERVICES AND/OR TERMINATION OF RIDERSHIP

RIDER INFORMATION

NAME: _____
ADDRESS: _____
HOME TELEPHONE: _____ CELL PHONE: _____ EMAIL: _____

Complete the following section ONLY if the person making this request is not the rider

REQUESTOR'S NAME: _____
REQUESTOR'S RELATIONSHIP TO THE RIDER: _____
REQUESTOR'S ADDRESS: _____
HOME TELEPHONE: _____ CELL PHONE: _____ EMAIL: _____

REASON FOR APPEAL (write on back if more space is needed.) Please type or print.

Signed: _____ Date of appeal _____
Rider or Requestor

To Requestor: Does the rider approve you to make this appeal in his/her behalf? _____

Appeal will be handled in the following manner:

1. Given to Executive Director and/or Assistant Director
2. Forwarded to the Board of Directors for final determination.

Appeal may be mailed to : Ripley County Transit, PO Box 541, Doniphan, MO 63935
or emailed: rctransit@windstream.net
or hand delivered to: 958 US Highway 160E, Doniphan, MO 63935

Questions: Phone 573 996 2272