

# 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@ripleycountytransit.org](mailto:rctransit@ripleycountytransit.org)

or hand delivered to: 958 US Highway 160E, Doniphan, MO 63935

Questions: Phone 573 996 2272