



## SPECIALIZED SERVICE APPEAL

(PLEASE PRINT CLEARLY)

This Appeal is in respect to a decision made by Specialized Service dated:

\_\_\_\_\_

(Date of Decision – Year – Month – Day)

\_\_\_\_\_

(Name of Applicant)

### SPECIALIZED SERVICE DECISION:

SUSPENSION

POLICY VIOLATION

OTHER

SPECIALIZED SERVICE'S REASONS FOR ITS DECISION (attach copy of Specialized Service's decision letter):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I WISH TO APPEAL THE ABOVE DECISION (supporting information should relate to the reasons noted above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize Specialized Service to make available to the Specialized Service Appeal Board the information it requires to consider my appeal.

I WISH TO APPEAR

I DO NOT WISH TO APPEAR

For you to be notified of your appeal date, please provide the following personal information, which is collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33(c). This information will be used to process your appeal and will become part of a confidential agenda.

APPELLANT'S LAST NAME _____	FIRST NAME _____	TELEPHONE NUMBER _____
ADDRESS _____	POSTAL CODE _____	TELEPHONE NUMBER _____

**FURTHER INSTRUCTIONS:**

YOU MAY BRING ANY PERSON YOU WISH TO THE HEARING TO SPEAK TO YOUR APPEAL.

IF YOU WISH TO DISTRIBUTE WRITTEN MATERIAL TO THE BOARD MEMBERS AT THE HEARING, YOU MUST BRING A MINIMUM OF FOUR (4) COPIES.

A LETTER OF NOTICE WILL BE MAILED TO YOU ADVISING YOU OF THE APPEAL DATE, TIME AND PLACE.

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**SUBMIT ORIGINAL APPEAL TO:**

CORNWALL TRANSIT  
863 SECOND ST. WEST  
CORNWALL ON K6J 1H5

**Did you attach the decision letter you received from Specialized Service?**    YES    NO