

If this information is required in an accessible format, please contact 1-866-247-0055



Durham Region Transit
110 Westney Road South
Ajax ON L1S 2C8
Fax: 905-619-9693
Email: drteligibilityappeal@durham.ca

DRT Specialized Services Eligibility Appeal Form

Please refer to the instructions to ensure that your appeal application is completed and acceptable for review.

Mr Mrs Ms

First Name: _____ Last Name: _____

Date of Birth (Month/Day/Year): _____

Address: _____ Apt/Unit #: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home: _____ Work: _____ Ext: _____

Telephone: Cell: _____ Email: _____

1. Decision you wish to appeal?

2. Please explain why you disagree with the decisions listed above.

3. Please provide any additional relevant information you wish to include with your appeal.

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I certify that the information provided in this application is true and correct. I understand that misinformation or misrepresentation of facts will be cause for disqualification or rejection of my eligibility. I also understand that additional information relating to my disability or health condition may be required to determine eligibility. I hereby consent to the transit operator and their assessment agency to contact my health care professional if additional information or if clarification is required.

Applicant Name: _____ Date (Month/Day/Year): _____

Applicant Signature: _____

If someone other than the applicant is preparing this form, please provide the following:

Name: _____ Relationship: _____

Address: _____ Apt/Unit #: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home: _____ Work: _____ Ext: _____

Telephone: Cell: _____ Email: _____

Preparer's Signature: _____ Date (Month/Day/Year): _____

Personal information on this form is collected under the authority of the *Municipal Act, 2001*, S.O. 2001, c.25 as amended, and is used solely to determine eligibility for specialized transit services offered by the Region of Durham. This information is held in strict confidence.

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