

**Red Rose Transit Authority  
45 Erick Rd  
Lancaster PA 17601  
717-291-1243**

**APPEALS FOR NON-APPROVED APPLICATIONS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Reason for Appeal:

I am requesting the reconsideration of my application for Red Rose Access, including the right to be heard in person and to be represented by another person if I choose; due to (please state the reasons why you feel your application for services should have been approved)

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Do you wish to have a meeting with RRTA to discuss your application? YES NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_