



Appeal Request Form

Use this form to appeal an eligibility or suspension decision. Return the completed form to Marin Access by mail or email. The completed appeal request form must be received within the timelines shown below based on the decision you are requesting an appeal for.

Select the choice that best describes the decision you would like to appeal.

	Decision Type	Deadline to Request an Appeal
<input type="checkbox"/>	Denied or Conditional Eligibility Determination	Within 60 days of eligibility determination
<input type="checkbox"/>	Suspension for violating No Show/Late Cancellation Policy	Within 30 days of being notified of suspension
<input type="checkbox"/>	Suspension for violating a Safety Policy	Within 30 days of being notified of suspension

Complete the table below with information about the person named in the decision letter:

Name:	
Mailing Address:	
Phone:	Email:
Date of Suspension Letter (if applicable):	
Length of Suspension (if applicable):	

If you are completing this on behalf of someone else, please provide the following:

Name:	
Mailing Address:	
Phone:	Email:
Relationship:	

Use the space below to identify the reason(s) you are appealing this decision. Attach additional pages if needed.

Acknowledgement: *The information submitted on this form is true, complete, and correct to the best of my knowledge.*

Signature _____