



# ADA Paratransit Internal Review Request

Please complete this form if you would like to request an internal review by the Community Connector's Bus Superintendent. Completed form must be postmarked or emailed within 21 days of your eligibility determination letter.

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Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Select one of the following:

\_\_\_\_\_ I request an internal review by the Bus Superintendent. I do not want to be re-interviewed at this time.

\_\_\_\_\_ I request an internal review by the Bus Superintendent. I wish to be interviewed again to go over my disability and limitations.

Submit the completed form to Community Connector Bus Superintendent via email at [laurie.linscott@bangormane.gov](mailto:laurie.linscott@bangormane.gov), or via mail at 481 Maine Ave., Bangor, Me. 04401.