



## NOTICE OF APPEAL FORM

**DISABILITY REDUCED FARE PROGRAM**  
**Department of Transportation Services**  
**Pacific Park Plaza, Honolulu, Hawaii 96813**  
**Email: [thebusstop@honolulu.gov](mailto:thebusstop@honolulu.gov) - Telephone: 808-768-8368**

**Applicant's Name:** \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

**Phone Number:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### APPEAL REQUEST

Applicants may appeal the determination that the Applicant "does not qualify" for the Disability Reduced Fare Program by completing this Notice of Appeal Form and submitting it within 30 calendar days of the "Processing Clerk signature date" located in the Application's "For Official Use Only" box.

Submit or Email the Notice of Appeal Form to:

Department of Transportation Services (DTS)  
711 Kapiolani Boulevard, 12<sup>th</sup> Floor, Honolulu, HI 96813 or  
Email: [thebusstop@honolulu.gov](mailto:thebusstop@honolulu.gov)

Questions: Call DTS at 808-768-8368

Within 20 business days from the timely receipt of this Notice of Appeal Form, DTS shall schedule an Appeals Hearing at which time the Applicant shall be entitled to be heard in person or through a representative and shall be given a full and fair opportunity to present any facts showing the reason why the determination was in error. The DTS Appeals Hearing Officer/Panel may affirm, reverse, or modify the determination under appeal based upon the findings that support the decision. The determination by the DTS Appeals Hearing Officer/Panel shall be final.

All records of the Appeals Hearing shall be in written form, kept on file and open to public inspection.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRINT APPLICANT'S NAME

DATE: \_\_\_\_\_

**Attach copy of Application that was not processed & determined "Applicant does not qualify".**