



Rainy River District Transportation Services Consortium
APPEAL CONTACT INFORMATION FORM- F12

Appellant: _____ **Appeal Application Date:** _____
Address: _____ **Phone:** _____

Preferred method of contact:

- Mail**
 Phone (Home) _____ **(Work)** _____
 E-mail (E-mail Address) _____

Statement of Issue:

*** Please attach copies of all correspondence that pertains to this appeal.***

Please note that no new or additional information can be presented and/or attached to this appeal.

Signature of Appellant: _____

Rainy River District Transportation Services Office use Only:

Date Received: _____

Received by: _____