

Greeley-Evans Transit



101 11th Avenue
Greeley, CO. 80631

In order for Greeley-Evans Transit to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form. Do not list yourself or anyone who may have helped you with your application on this form.

The following (check one): Physician _____
Health Care Professional _____
Rehabilitation Professional _____

Is familiar with my disability and is authorized to provide information to Greeley-Evans Transit that is required to complete this certification.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Please Print

Applicant's Name and date of Birth

_____ DOB _____

Applicant's Signature

_____ Date _____

If your application for Paratransit is denied, you have the right to the appeal process. In any case, you have sixty days to make your appeal. No service need be provided while the appeal is heard. If, however, your appeal has not been decided within thirty days, presumptive eligibility applies until a final decision is reached.

Please remit completed request for certification of ADA Paratransit Eligibility to:
Greeley-Evans Transit
101 11th Avenue
Greeley, CO. 80631