

**Appellant**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Representative (if Applicable)**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**INSTRUCTIONS**

- o Fill out the information below and sign/date. If you are filling out this form on the appellant's behalf, include your information under the header where it says "Representative" and both of you must sign at the bottom.*
- o Within 10 days of receiving the Notice of Suspension/Trespassing on ABQ Ride Property, send a copy of the notice along with this completed form to the following address.*

**ABQ RIDE**

***Att: Suspension Review Board/Public Safety and Security***

***100 1st St SW***

***Albuquerque, NM 87102***

**SUSPENSION INFORMATION**

Date of Suspension: \_\_\_\_\_

Reason Given for Suspension: \_\_\_\_\_

**REQUEST**

*(check one of the following options)*

- € I request that the suspension be lifted.
- € I request that the period of suspension be reduced.
- € I request that the suspension be amended to allow partial use of the transit system.

**STATEMENT**

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**SIGNATURE(S)**

By signing this document, the appellant and any authorized representative attest that the information provided is accurate.

\_\_\_\_\_  
*Appellant Signature*

\_\_\_\_\_

**Appellant**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Representative Signature (If Applicable)*

**Representative (if Applicable)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Date Signed*