

# Olean Area Transit System No-Show Appeal Form

Passengers may contact OATS to appeal no-shows and must complete and submit this appeal form to OATS for consideration within ten (10) days of the no-show/late cancellation violation. OATS will investigate the customers appeal using computer and internal records, to determine if the challenge is valid. Also, consideration will be given to customers with no-shows that were a result of a circumstance beyond their control. All information in the form must be completed. Please consult the OATS No Show Policy to identify reasons that a rider no-show may be excused. Please submit the completed No Show Appeal Form to:

Keri Kerper  
Department of Community Development  
101 East State Street  
P.O. Box 668  
Olean, NY 14760-0668  
Phone: 716-376-5647  
Email address: [kkerper@cityofolean.org](mailto:kkerper@cityofolean.org)

## Rider Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary phone: \_\_\_\_\_  
Secondary phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Person Filing the Appeal:

If someone other than the rider is submitting the appeal, please enter your information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Primary phone: \_\_\_\_\_  
Secondary phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## No Show Ride Information:

Date of Ride: \_\_\_\_\_ Time of Ride: \_\_\_\_\_

### No Show Stop Information:

Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Reason for No Show: \_\_\_\_\_

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