

OFFICE USE ONLY
Applicant: _____
Rec'd: _____

access

Quality Services Subcommittee (QSS) Application

The Quality Service Subcommittee (QSS) was formed to provide input and advice to Access Services concerning service issues and policies for Access Paratransit.

PLEASE PRINT CLEARLY

Name Last _____ First _____

Address Street _____ City _____ Zip _____ Phone

(____) _____ TDD Yes No

• Access Paratransit Customer? Yes No If yes ID #: _____

• Primary Geographic Representation:

Eastern Region

Northern Region

West/Central Region

Santa Clarita Region

Southern Region

Palmdale/Lancaster Region

• Representative at Large – Please indicate general disability group you represent:

I do hereby submit this application for a seat on the Access Services Quality Service Subcommittee (QSS)

Signature

Date

Return to: Access Services Attn: R. P. Martindale-Essington,
P.O. Box 71684
Los Angeles, California 90071-0684