

Memorandum

To: ADA APPLICANT

From: ATRANS ADMINISTRATION

Date:

RE: ADA Application

Please find attached an ADA application as per your request. Please complete the application in its entirety and mail to us at the following the address:

**City of Alexandria, LA - ATRANS
P.O. Box 71, Alexandria
LA 71309-0071**

Thank you for your interest in our complimentary Paratransit Service. If you have any comments or questions, please contact us at **318.441.6087, Monday – Friday from 8am – 5pm.**