



**Appeals Committee in the Matter of
Increased Charges on the Light Rail**

Form for Filing an Appeal to the Committee

Please fill out the details on the form in clear handwriting!

Part A – Personal Details

1. Details of the Recipient of the Increased Charge:

First Name:	Last Name:
Identity No. / Passport No.:	
Address:	
Tel. No.:	Cell Phone No.:
E-mail (not compulsory):	
Do you allow correspondence with the Committee via e-mail? Yes/No	
If you allow correspondence by e-mail, please confirm this by affixing your signature:	

2. Details of the Person Filing the Application:

In the event that the application is being filed for you, please mark an X in the space provided, and please move on to Part B on the next page (Reasons for the Filing of the Appeal)

The recipient of the increased charge is (Please mark with an X):

- My minor son/daughter
- Another family member Please provide details: _____
- My client*
- Other Please provide details: _____

* You are required to attach a signed Power of Attorney to the documents.



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Part C – Appearing for a Hearing Before the Committee

Please mark the appropriate option with an X:

- I wish to appear for a hearing before the Committee
- I would like the Committee to make its decision based on the written material only – I do not wish to appear for a hearing before the Committee
- I would like to make my decision in this matter once I have received the Statement of Response on behalf of LRT Concessionaire, in response to the appeal that has been filed by me.

Part D – Completion of Documents

Please note carefully! You are required to attach the following documents to the application:

1. A copy of the increased charge.
2. The objection that was sent to LRT Concessionaire.
3. The letter of rejection that was sent by LRT Concessionaire.
4. Additional reference documents, if any such documents exist.

Part E – Ways of Filing the Appeal

By post: Master Plan for Jerusalem Transportation – The Engineer's Unit; for the attention of Mr. Reuven Shaked, Mobile Post: 28034, Zip Code 9128001.

By fax: 15326299871

By e-mail (for the submission of appeals only): arar@jtmt.gov.il

Telephone number for clarifications after the submission of an appeal:
02-6299871 (you may leave a voice message).