

# 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.**