

**BAY COUNTY LIBRARY SYSTEM**

**ADA PROGRAM ACCESSIBILITY INQUIRY FORM**

Please complete each section of this form to the best of your ability. Type or print clearly.

**ABOUT YOU:**

**NAME (Optional)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**COUNTY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_ **DAY TIME PHONE ( )** \_\_\_\_\_

Are you filing this inquiry? (Check all that apply)

- A. On behalf of yourself as a person with a disability?
- B. On behalf of a family member who has a disability?  
(Please describe your relationship)
- C. As a person associated with another who has a disability?  
(Please describe your relationship)
- D. As an interested person?

**ABOUT YOUR INQUIRY:**

**NAME OF PROGRAM, SERVICE, ACTIVITY, PARK OR FACILITY INVOLVED:**

\_\_\_\_\_

**LOCATION (If park or facility) IF KNOWN**

\_\_\_\_\_

\_\_\_\_\_

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**PLANNING A CONFERENCE**

**The Bay County Library System will contact you within three (3) working days of the date your inquiry is received to schedule a conference to discuss the inquiry. The conference will occur within six (6) working days from the date your inquiry is received.**

**Do you need an accommodation during the conference? *(If yes, please describe)***

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**When are you most available: (Check two)**

- MTW 9:00 a.m. – 11:00 a.m.**       **MTW 2:00 p.m. – 4:00 p.m.**  
 **Th F 9:00 a.m. – 11:00 a.m.**       **Th F 2:00 p.m. – 4:00 p.m.**

**Thank you for completing the PROGRAM ACCESSIBILITY INQUIRY FORM.  
We will contact you soon.**

**PLEASE MAIL THIS FORM TO:  
Scott McLellan – ADA Coordinator  
Bay County Library System  
500 Center Avenue  
Bay City MI 48708**

**For assistance with this form or for information about program accessibility,  
please call Scott McLellan at (989) 894-2837 ext. 2220 or (989) 893-7052 (TDD)**