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

____________________________________________________________________________

____________________________________________________________________________
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)

______________________________

______________________________

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)

01/20/10 board approved