

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)**