CITY OF ENID
OKLAHOMA

_____

Last Name First Name Middle Initial

_____

Street Address City State Zip

_____

Telephone Number Best time to call this number

_____

E-mail Address

Please provide a complete description of the specific issue(s) you believe inconsistent with Title II of the Americans with Disabilities Act.

_____
_____
_____
_____
_____

Please provide a specific location(s) of the ADA issue(s) prompting this complaint.

_____
_____

Date when the ADA non-compliance occurred / was noticed.

_____

_____

Signature Date

Mail completed form to: City of Enid
ATTN: ADA Compliance Specialist
P O Box 1768
Enid, OK 73702