



ADA Complaint Form

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 to be inconsistent with Title II of the Americans with Disabilities Act. Use additional pages as necessary.

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

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

Signature

Mail completed form to: City of Enid

ATTN: ADA Compliance Specialist

P O Box 1768

Enid, OK 73702