

## COUNTY STREETS, PARKS, AND PUBLIC FACILITIES

INSTRUCTIONS: Please fill out this form completely, using black ink or typing. Sign and send it to the address at the bottom of the page. This form is available in alternate formats by requests.

Reporting Individual.			
Name:			
Address:			
City, State, Zip code:			
Home:	Cell:	Business:	
Service, Program or Facility Alleged to Be Inaccessible.			
Name of Service/ Program or Facility:			
Address:			
City, State, Zip code:			
Telephone number:			
Date:			
Describe the way in which the service, program or facility is not accessible. (Please use other attachment as necessary).			
Actions Taken (for office use).			

Signature of Reporting Individual: \_\_\_\_\_

Please mail to:

ADA Compliance Officer  
County of Santa Barbara  
105 East Anapamu, Room 108  
Santa Barbara, CA 93101

---

**For Office Use:**

File No. \_\_\_\_\_

Date Received \_\_\_\_\_

Received By: \_\_\_\_\_