



TOWN OF LOS GATOS
ACCESSIBILITY NOTIFICATION FORM

Date: _____

INFORMATION ABOUT YOU

Your Name (you can file anonymously if you wish):			Telephone No.
Address:			
City:	County:	State:	Zip Code:

FACILITY

Name of Facility:			Telephone No.
Address of Site:			
City:	County:	State:	Zip Code:

NATURE OF ACCESSIBILITY ISSUE(S)

Below are some possible accessibility problems. Please check all that you feel are applicable to this complaint. List any other areas you believe pose a barrier to accessibility. Please be as specific as possible. Please attach additional sheets as necessary referring to the numbers below, if additional space is needed.

<input type="checkbox"/>	1. Parking:
<input type="checkbox"/>	2. Walks and Sidewalks:
<input type="checkbox"/>	3. Curb Ramps:
<input type="checkbox"/>	4. Pedestrian Ramps:
<input type="checkbox"/>	5. Entrances:
<input type="checkbox"/>	6. Doors and Doorways:

☐ 7. Corridors and Aisles:

☐ 8. Passenger Elevators:

☐ 9. Stairs:

☐ 10. Bathrooms:

☐ 11. Water Fountains:

☐ 12. Public Telephones:

☐ 13. Control and Light Switches:

☐ 14. Signs and Identifications:

☐ 15. Warning Signals and Hazards:

☐ 16. Additional Requirements:

Is this a safety issue? Yes _____ No _____

Have you notified the business? Yes _____ No _____

Return to:

Building Official
Community Development Department
110 E. Main Street
Los Gatos CA 95030

FOR STAFF USE ONLY:

Name: _____

Assessment:

Record Search Date: _____ Permits Last 3 years: Yes No

Findings:

