



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.

1. Parking:

2. Walks and Sidewalks:

3. Curb Ramps:

4. Pedestrian Ramps:

5. Entrances:

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:
