Roeliff Jansen Community Library Accessibility Concerns Form

PLEASE DESCRIBE THE NATURE OF THE PROBLEM YOU HAVE ENCOUNTERED:

PLEASE DESCRIBE WHAT WE COULD DO TO PROVIDE BETTER ACCESS:

NAME _____

SIGNATURE_____

ADDRESS _____

_____

PHONE _____DATE_____

Send completed form to:

Library Director
Roeliff Jansen Community Library
P. O. Box 669
Hillsdale, NY 12529