

Accessibility Accommodation Request Form

The Library seeks to provide reasonable accommodations for physical access, communications, or other needs to ensure that services, activities, and programs are available to individuals with disabilities.

Please make arrangements at least 10 calendar days in advance. Your request will be addressed as expeditiously as possible. Certification by a Health Care Provider may be required. If you feel your request or concern has not been addressed appropriately, you may appeal to the Board in writing.

Please Print

Phone: _____ Cell Phone (optional): _____

Email: _____

What service program or activity does this request concern? ____

What is the disability that makes an accommodation(s) necessary? (specify):

What accommodation(s) are you requesting? (specify):

Assistive equipment (please describe equipment you are requesting be provided).

Please provide any additional information that might be helpful in processing your accommodation(s) request:

Signature

Date

The Americans with Disabilities Act does not require The Friends of the Homer Library to take any action that would fundamentally alter the nature of its programs or services, or pose an undue financial or administrative burden.

This form is for the use of the Friends of the Homer Library and any information will be kept confidential.

