



Requestor Information

Requestor:		
Address:		
City:	State:	Zip Code:
Day Phone:		Evening Phone:

Basis of Request

Date the incident took place:			
<input type="checkbox"/> Structural Accessibility	<input type="checkbox"/> Parking	<input type="checkbox"/> Programs, Services & Activities	<input type="checkbox"/> Other

Library building that you believe does not meet ADA requirements:

<input type="checkbox"/> Southwest	<input type="checkbox"/> Northside	<input type="checkbox"/> Simmons	<input type="checkbox"/> Uptown
<input type="checkbox"/> Bookmobile	<input type="checkbox"/> Administration	<input type="checkbox"/> Other	

Please describe the situation that you believe does not meet ADA requirements:

You may attach any written material, photographs or other documentation to this request. Use additional sheets if necessary.

Requestor's Signature

Name: _____ Date: _____

Send completed form to:
Kenosha Public Library
Head of Administrative Services
7979-38th Avenue
Kenosha, WI 53142

FOR KPL USE ONLY

Date Request Received:	Received by:
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