



KENOSHA PUBLIC LIBRARY

Americans with Disabilities Act (ADA) Request for Accommodation

Requestor Information

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

Accommodation Information

| |
|---|
| Date and Time of requested accommodation: |
|---|

Library building at which you request accommodation:

| | | | |
|-------------------------------------|---|----------------------------------|---------------------------------|
| <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 your accommodation request:

| |
|--|
| |
|--|

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: |
|------------------------|--------------|