LANSING PUBLIC LIBRARY REQUEST FOR REASONABLE ACCOMMODATION

To request a reasonable accommodation, complete the *Request for Reasonable Accommodation Form* and return it to the Library Director. You may be required to provide additional information for the Library to properly evaluate your reasonable accommodation request(s).

Generally, five (5) business days advance notice is required to review the requests. However, a response to an immediate need for accommodation will be considered to the fullest extent.

APPLICATION FOR REASONABLE ACCOMMODATION

Please complete this form and return it to the Library Director. The Library Director can be reached at 708-474-2447 or via email, <u>lisak@lansingpl.org</u>. If you require assistance completing this form, please contact the Library.

DATE:	
NAME:	CONTACT INFO:
ADDRESS:	
Type of proceeding/activity for which the	e accommodation is necessary (list all that apply):
Please describe the impairment that neces	ssitates the accommodation (s) (specify):
Please describe the accommodation(s) yo	ou are requesting and how it would be would be effective:

List all dates/times the accommodation(s) are needed:

PRINT NAME:	
SIGNATURE:	
SIGNATURE OF (CHECK ONE)	
• Individual Needing Accommodation(s)	
 Authorized Representative 	
Staff member name:	
Data of Accomton acc	
Date of Acceptance:	