



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
 812 56th Street
 Kenosha, WI 53140

FOR KPL USE ONLY

Date Request Received:	Received by:
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