APPLICATION FOR ACCOMMODATION

Name of Applicant:_____

Phone Number:_____(home)_____(cell) _____(other)

Address_____

Email:_____

Date Preference:_____

Service, activity, meeting, or program for which accommodations are requested:

Please describe reason for the accommodation:

Please describe the accommodation requested:

By signing this Application, the Corporation, Organization or Individual ("Applicant") identified above agrees as follows:

1. The Applicant has a disability that is covered by the Americans with Disabilities Act ("ADA") and the Library's policy.
2. The Applicant acknowledges the Library's ADA policy.

Signature _____ Date _____

Once completed, please save this form and return it to director@iadlib.org or contact (989) 362-2651 for further assistance.