



Americans with Disabilities Act (ADA) Title II Request for Accommodation

REQUESTOR NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
DAY PHONE:	EVENING PHONE:	E-MAIL ADDRESS:

Branch in which you request accommodation:

<input type="checkbox"/>	Aberdeen	<input type="checkbox"/>	Ilwaco	<input type="checkbox"/>	Oakville	<input type="checkbox"/>	South Bend
<input type="checkbox"/>	Amanda Park	<input type="checkbox"/>	Lacey	<input type="checkbox"/>	Olympia	<input type="checkbox"/>	Shelton
<input type="checkbox"/>	Centralia	<input type="checkbox"/>	McCleary	<input type="checkbox"/>	Ocean Park	<input type="checkbox"/>	Tenino
<input type="checkbox"/>	Chehalis	<input type="checkbox"/>	Montesano	<input type="checkbox"/>	Packwood	<input type="checkbox"/>	Tumwater
<input type="checkbox"/>	Elma	<input type="checkbox"/>	Mt. View	<input type="checkbox"/>	Raymond	<input type="checkbox"/>	Westport
<input type="checkbox"/>	Hoquiam	<input type="checkbox"/>	Naselle	<input type="checkbox"/>	Salkum	<input type="checkbox"/>	Winlock
<input type="checkbox"/>	Hoodsport	<input type="checkbox"/>	North Mason	<input type="checkbox"/>	Service Center	<input type="checkbox"/>	Yelm

Please describe your accommodation request:

Requestor's Signature: _____

Date: _____

Return completed form to:

Timberland Regional Library
Administrative Services
415 Tumwater Blvd. SW
Tumwater, WA 98501

FOR TRL USE ONLY:

Date/Time Received:	Received by: