

Americans with Disabilities Act (ADA)
Request for Accommodation

Requestor Information:

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

Library building at which you request accommodation:

	Aberdeen		Ilwaco		Oakville		South Bend
	Amanda Park		Lacey		Olympia		Shelton
	Centralia		McCleary		Ocean Park		Tenino
	Chehalis		Montesano		Packwood		Tumwater
	Elma		Mt. View		Raymond		Westport
	Hoquiam		Naselle		Salkum		Winlock
	Hoodsport		North Mason		Service Center		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: