

Requestor Information:

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

Basis of Request:

Date the incident took place:			
	Structural Accessibility		Parking
			Programs, Services and Activities
			Other _____

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
	Hoodspport		North Mason		Service Center		Yelm

Please describe the situation that you believe does not meet ADA requirements:

You may attach any written material, photographs or other documentation to this request.
Use additional sheets if necessary.

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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: