

Joliet Public Library
REQUEST FOR REASONABLE ACCOMMODATION
FOR PERSONS WITH DISABILITIES

To request a reasonable accommodation, complete the *Request for Reasonable Accommodation Form* and return to the ADA Coordinator. You may be required to provide additional information for the Library to properly evaluate your reasonable accommodation request(s).

Generally, five (5) business days advance notice is required to review reasonable accommodation requests. However, a response to an immediate need for accommodation will be considered to the fullest extent possible.

APPLICATION FOR REASONABLE ACCOMODATION

Please complete this form and return to the ADA Compliance Officer for the Library. The ADA Compliance Officer may be contacted via telephone number at: 815-740-2669 or via email at: ada@jolietlibrary.org. If you need assistance in completing this form, please contact the Library.

Date: _____

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Type of proceeding/activity for which accommodation is necessary (list all that apply):

Describe the impairment that necessitates the accommodation(s) (specify):

Describe the accommodation(s) you are requesting and explain how the requested accommodation(s) would be effective:

List all dates/times the accommodation(s) are needed (if applicable):

Print Name: _____ **Signature:** _____

Signature of (check one):

Individual needing accommodation

Authorized representative

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FOR INTERNAL LIBRARY USE ONLY
Review and Action

Reasonable Accommodation Request Form received from applicant on _____ (Date)

_____ Initials of staff member

If necessary, Request for Additional Information requested on _____ (Date)

If necessary, Request for Additional Information completed and returned on _____ (Date)

Requested Accommodation *granted* on _____ (Date)

Requested Accommodation *denied* on _____ (Date) because:

Other action taken (explained) on _____ (Date)

Notification to applicant concerning action taken on _____ (Date)

Date: _____ Signature of Library Official: _____