



Americans with Disabilities Act Accommodation Request

Please use this form to request accommodations under the Americans with Disabilities Act (ADA). We are happy to help ensure our programs and services are accessible to you.

Contact Information * Required

*First Name: _____

*Last Name: _____

Email Address: _____

Phone Number: _____

*Street Address: _____

Address Line 2: _____

*City, State, Zip Code: _____

Requested Accommodations

Please tell us about the accommodation you are requesting and how it will assist you in your use of library programs or services (e.g. ASL interpretation for a library program):

Assistance and Submission

If you need assistance filling out or submitting this form, please visit us in person, call 785-843-3833, or email ada@lawrence.lib.ks.us.

Submissions by mail must be received at least **7 business days before the event**.

Mail completed forms to

Executive Director
Lawrence Public Library
707 Vermont St., Lawrence, KS 66044