Reasonable Accommodation Request Form for ADA Policy of the
Lucius E. and Elsie C. Burch, Jr. Library

Name__________________________________________

Address________________________________________

Phone__________________________________________

What service, program or activity does this request concern?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Date (if applicable)_______________________

What accommodation is requested?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

For help in completing this form contact the Lucius E. and Elsie C. Burch, Jr. Library Information Desk, 501 Poplar View Parkway, Collierville, TN 38017, 901-457-2601

Signature________________________________     Date______________________________

RETURN COMPLETED FORM TO INFORMATION DESK, LUCIUS E. AND ELSIE C. BURCH, JR. LIBRARY, 501 Poplar View Parkway, Collierville, TN 38017

03/2005