



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