SOUTH SAN FRANCISCO PUBLIC LIBRARY ACCOMMODATION REQUEST

Note: In order to make the arrangements for accommodation requests must be received by the library at least *10 weekdays in advance* of the date of the event for which the accommodation is needed. All contact information must be completed and form signed; incomplete forms may hinder the library's ability to provide the appropriate accommodation in a timely manner. Print:

Library Program/Event – if applicable	Date	Time
Patron or Service User's Name	Patron or Service Use	er's Legal Guardian/Representative
Address	City	State, Zip
Phone, Day check if TTD Phone, Ev	ening Check if TTD	Email
Type of Accommodation Requested:		
Sign-language interpretation -	for program indicated above	
Other (explain)		
840 West Orang	mit by email to <u>ssfpladm@pl</u> ration cisco Public Library	
Signature:		Date:
Patron/Service Users' signature & date OR	Patron/Service Users' legal guard	ian or representative & date
THIS SECTION FOR LIBRARY STAFF US	E ONLY:	
Form completed by Patron: □ in person	□ via mail □ other	
Staff:		
Please Print Staff Name	Date	
Arrangements/actions:		
Sign Language Interpreter (complete & attac	ch Request for Sign Language sta	ff form, p 2.16.01) []
EVALUATION/FOLLOW-UP:		
Form: Accommodation Request [LSM. 02.16.2] upd. 1	/9/15	