

**WESTERLY LIBRARY AND WILCOX PARK  
Reasonable Accommodation Request Form**

The Kent Memorial Library seeks to provide reasonable accommodations for physical access, communications, or other needs to ensure services, activities and programs are available to individuals with disabilities. Please complete the following form regarding your reasonable accommodation request and submit it no later than 15 days before the program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

What service program or activity does this request concern? \_\_\_\_\_  
\_\_\_\_\_

What is the disability that makes an accommodation(s) necessary? (specify): \_\_\_\_\_  
\_\_\_\_\_

What accommodation(s) are you requesting? (specify): \_\_\_\_\_  
\_\_\_\_\_

Assistive equipment (please describe equipment you are requesting be provided): \_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information that might be helpful in processing your accommodation(s) request: \_\_\_\_\_  
\_\_\_\_\_

Please submit your completed form no later than 15 days before the program to:

Executive Director, Westerly Library and Wilcox Park  
44 Broad Street  
Westerly, RI 02891

The Americans with Disabilities Act (“ADA”) does not require The Kent Memorial Library to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.