



## ADA Request for Accommodations

Today's date:

Person submitting request

Name:

Address:

City: State: Zip Code:

Phone:

Email:

Authorized Representative for person submitting request, if applicable

Name:

Address:

City: State: Zip Code:

Phone:

Email:

Title of program/activity:

Library where program/activity is being held:

Date and time of program/activity:

\*Note: Make your request as soon as possible, but no later than 7 business days before the scheduled event.

Accommodation(s) requested: Indicate all that apply

ASL interpreter

Assistive listening device

Closed captioning of video

Materials in Braille

Other accommodation(s), please describe in detail:

- This request will be sent to the Title II Coordinator.
- If this request is for accommodation at a site other than Central library, it will be forwarded to the Library Director where the event is being held.
- A library representative will contact you concerning this request within 3 business days of receipt.

Be sure this form is fully completed. Missing information may result in unnecessary delays.

Mail to:

ADA Coordinator  
Buffalo & Erie County Public Library  
1 Lafayette Square  
Buffalo, NY 14203-1887

Updated: 5/2026