

# ADA Accommodation Request Form

The Los Angeles Zoo wants all guests to have an enjoyable experience at the Zoo. To help provide the best experience possible, we ask that guests requesting accommodations complete and submit this ADA Accommodation Request Form. The Zoo will do its best to provide the specific accommodation requested.

Sign Language Interpreters, Communication Access Real-Time Transcription, Assistive Listening Devices, or other auxiliary aid and/or services may be provided upon request. To ensure availability, you are advised to make your request at least 72 hours prior to the meeting you wish to attend. Due to difficulties in securing Sign Language Interpreters, five or more business days' notice is strongly recommended. Requests for Docent Guided Tours should be made with 14 days' advance notice.

Requests for Accommodation may be submitted by:

Phone: (323) 644-V(71)/e71(1(61(105(-V)(RY04Y0Vi7114D/47)/D/47)VY)/e71P/27)/ 71(6

- 2. For guests who are blind or have low vision: a 30-minute Docent Guided Sensory Tour, which may include tactile experiences with biofacts (pelts, bone clones), sculptures, an Animals & You or Muriel's Ranch animal interaction, or a tailored one-hour tour on Zoo grounds exploring tactile, auditory, and olfactory elements of the Zoo.
- 3. American Sign Language Interpretation for a guided tour.
- 4. American Sign Language Interpretation for a meeting, lecture or special event. Please provide the date, time, and name of lecture or special event.

DATE	TIME	NAME OF MEETING/LECTURE/SPECIAL EVENT

- 5. Assistive Listening Device for a meeting or lecture. Please provide the date, time, and name of lecture or special event.

DATE	TIME	NAME OF MEETING/LECTURE

Other comments or accommodation(s) requested:

**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned To:

DOCENT COORDINATOR:

#1: Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_

#2: Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_

#3: Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_

ADA COORDINATOR:

#4: Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_

AUDIO VISUAL SERVICES:

#5: Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmed Date of Visit: \_\_\_\_\_ Time of Visit: \_\_\_\_\_

Confirmed By: \_\_\_\_\_ Date: \_\_\_\_\_

Log Entry By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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