

Milford Public Library  
Reasonable Accommodation Request Form (Form 404)

**(For help in completing this form, contact the Library Director at (248) 684-0845 or  
at the address listed below)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

What service, program, or activity does this request concern?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of service, program, or activity (if applicable) \_\_\_\_\_

What accommodation is requested?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form to:  
Milford Public Library c/o Library Director  
330 Family Dr  
Milford, MI 48381