

## 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) 644-4200 (Voice) or (323) 644-6045 (TTY)

E-Mail: lazoo.admissions@lacity.org

❖ Fax: (323) 644-6087

❖ U.S. Mail: Los Angeles Zoo, Attn: ADA Coordinator, 5333 Zoo Drive, Los Angeles, CA 90027

Guest Name:	Total Number in Group
Date:	(maximum of 10 for tour requests)
Responsible Party:	
First Name	Last Name
Email Address	
Phone Number	
Best Time to Call:	
Requested Date of Visit:	Time of Arrival:
What specific accommodation(s) are you req Please note: All animal programming may cancellations based on animal care needs, w	be subject to change or last-minute
of your party to supervise and safegue through.) An accessibility map which	ease make arrangements for a member and your service animal during the walknoutlines prohibited areas for service <a href="https://www.lazoo.org/visit/accessibility/">https://www.lazoo.org/visit/accessibility/</a> under

on Zoo grounds Zoo.	speriences with biofacts (pelts, bone clones), uriel's Ranch animal interaction, or a tailored exploring tactile, auditory, and olfactory
Language Interpreto	ation for a guided tour.
	ation for a meeting, lecture or special event. I name of lecture or special event.
TIME	NAME OF MEETING/LECTURE/SPECIAL EVENT
g Device for a meet ecture or special eve	ting or lecture. Please provide the date, time, ent.
TIME	NAME OF MEETING/LECTURE
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	TIME  TIME  TIME  Commodation(s) reserved.