

LKLP Reasonable Accommodation Request Form

Name _____

Date _____ Phone Number _____

E-Mail _____

Address _____

Description of Request: _____

Service and/or Location: _____

Are you able to ride without this accommodation? _____

Please complete this form to request a reasonable accommodation from LKLP CAC., Inc. (LKLP). Submit the completed form to LKLP at:

E-Mail: l.combs@lkp.net

Fax: (606) 435-1721

Mail: LKLP Community Action Council, Inc.

Attn: Lisa Combs

398 Roy Campbell Drive

Hazard, KY. 41701

LKLP is an equal opportunity employer and service provider