

AMERICANS WITH DISABILITIES ACT (ADA) ACCOMMODATION AND AUXILIARY AID REQUEST FORM

The Chicago Zoological Society, which operates the Brookfield Zoo, strives to ensure that all guests, participants in various programs, events and classes, or job applicants, including those with disabilities, have a safe and enjoyable experience at Brookfield Zoo. If you have a disability and would like to request an accommodation or auxiliary aid, please complete and submit this Request Form as far in advance as possible, preferably at least 14 calendar days prior to the date you will be visiting the Zoo or begin participating in a program, class, or event. If insufficient notice is given, the Society is not able to guarantee that it will be able to provide the accommodation, as some accommodations require advance scheduling with outside providers, who may or may not be available.

Every effort will be given to provide the specific accommodation or auxiliary aid requested. If there is another effective, but more efficient or cost-effective way to provide an accommodation, an alternate may be provided instead. The completed form is to be returned to:

Attn: Mariella Palacios

Chicago Zoological Society/Brookfield Zoo

3300 Golf Road Brookfield, IL 60513

Email: Mariella.Palacios@czs.org

Telephone: 708-688-8559

Confidential Fax: 708-688-8930

(Please print)

| , , | |
|---|--------------------|
| I am a: | |
| Zoo Guest Program participant Job applicant Other | |
| Last Name: | First Name: |
| | |
| | |
| Home Phone Number: | Cell Phone Number: |
| | |
| | |
| | |

| Email Address: | How would you prefer to be contacted (please select one): |
|--|---|
| | ☐ Home Phone ☐ Cell Phone ☐ Email |
| | Other (specify): |
| If you are visiting Brookfield Zoo as a guest or program participant, what specific accommodation(s) or auxiliary aid(s) are you requesting? (Check those that apply.) | |
| Assistive Listening Device (ALD) | |
| Sign Language Interpreter | |
| Other | |
| For Wheelchair or Electric Conveyance Vehicle (ECV) rental, please call 708-688-8347 to reserve one in advance of your visit. Same day reservations are not accepted. | |
| disability, please list the specific accommodation(s | unable to perform an essential job function due to a |
| If the accommodation requested above is not avail meet your needs? Please describe the specific accesspace below. | lable, what other form(s) of accommodation would ommodation(s) or auxiliary aid(s) requested in the |

| If you are visiting Brookfield Zoo as a guest or job applicant, what day and time will you require the accommodation(s) or auxiliary aid(s)? | | |
|---|--|--|
| Date: | | |
| From: | | |
| To: a.mp.m. | | |
| If you are participating in a Society-sponsored program or event, what day does your participation begin and under what circumstances will the accommodation or auxiliary aid be needed? | | |
| Date: | | |
| Circumstances requiring accommodation or auxiliary aid: | | |
| Additional comments/explanations: | | |
| If you have any additional questions regarding visitor accessibility at Brookfield Zoo, please visit our website at http://www.czs.org/Accessibility . | | |
| You can also download and view our "Accessibility Guide" for more information. | | |