



MINNEAPOLIS INSTITUTE OF ARTS

Request for Accommodation Form
IN ADVANCE OF YOUR VISIT

Full Name of Person Requesting Accommodation: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Full Name of Person in Need of Accommodation
(if different from person requesting accommodation): \_\_\_\_\_

Requested Accommodation:

- Wheelchair, Assistive Listening System, ASL Interpreter for a scheduled tour\*, Individual touch tour/tactile diagrams for people who are blind or have low vision\*, Verbal description tour for people who are blind or have low vision\*, Group tour\* (10 or more people) including: People who are deaf or hard of hearing, People with cognitive disabilities, People who use wheelchairs, People with memory loss and friends/caregivers, Other accommodations: \_\_\_\_\_

Requested Date and Time\*\* of Visit: \_\_\_\_\_

Will your visit relate to a specific event or program? Yes No

If Yes, please indicate event or program: \_\_\_\_\_

Please call or mail, fax, or email this form to:

Name: Sandy Larson Position: Head of Human Resources Address: 2400 Third Avenue South Minneapolis, MN 55404 Fax: (612) 870-3263 Email: slarson@artsmia.org Telephone: (612) 870-3090 TTY: (612) 870-3132

\*Please request tours at least 4 weeks in advance.
\*\*Please allow us as much advance notice as possible.

For Office Use Only

Date Received: \_\_\_\_\_
Action/Outcome: \_\_\_\_\_

Requester Contacted by: \_\_\_\_\_
Type of Contact (phone call, email, or letter; attach any written correspondence): \_\_\_\_\_
Date of Contact: \_\_\_\_\_
Other Comments: \_\_\_\_\_