## Lowell



## Request for a Sign Language Interpreter

Date:	
Contact Name:	
Contact Street Address:	
Contact Phone (Day)	(Evening)
OR	
Contact Email:	
For which tour have you made a	reservation?
Requested Visit Date:	
Time of Visit:	
Length of Visit:	
are subject to availability. The sign lar	eter should be made 14 days in advance of visit and aguage interpreter will be for park tours. The Parassachusetts Commission for the Deaf and Hard of

nd rk of Hearing. If a sign language Interpreter is requested and you are unable to make your visit to Lowell National Historical Park, a 48 hour notice of cancellation is requested.

Please complete and return this form in one of the following ways:

lowe\_public\_information@nps.gov Email to:

Mail to: Lowell NHP

Attention: Program Accessibility Coordinator

67 Kirk Street Lowell, MA 01852