**Orange County Public Law Library**

**Request for Accommodation by Person with Disability**

Name:

Email or U.S. Mail address:

Please describe the reason you are requesting an accommodation, including the specific underlying medical condition:

Please describe the accommodation(s) requested:

The library will make every effort to provide reasonable accommodation as requested. In some cases, however, a specific accommodation may not be provided reasonably. In the event that this occurs, please describe any other accommodations that would work for you:

Signature:

Date:

STAFF USE ONLY

[ ]  Accommodation denied

[ ]  Accommodation provided: