

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: