



COUNTY OF ORANGE

REASONABLE ACCOMMODATION REQUEST FORM FOR THE PUBLIC

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Section 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your Agency ADA Title II Coordinator.

Applicant: _____

(Name of individual requesting an accommodation)

Phone: _____

(Contact number of individual requesting an accommodation)

Agency

Location: _____

Street

Suite

City

Zip

REQUEST FOR REASONABLE ACCOMMODATION(S)

I am requesting accommodation that will allow me to participate in the County offered program, activity, or service listed below (e.g., participating in a County event or meeting, access to an informational pamphlet, use of trail, etc.):

My specific functional limitation is (e.g., low vision, restricted hand movement, etc.):

Describe the type of accommodation being requested:

Describe how this accommodation will assist you:

APPLICANT CERTIFICATION

I certify that I have a disability or medical condition that requires reasonable accommodation(s).

Signature: _____

Date: _____

(Applicant or Representative of Applicant if Unable to Sign)