



REASONABLE ACCOMMODATION REQUEST FORM

The Allegany County Library System provides reasonable accommodations, by request, for physical access, communications, or other needs to ensure services, activities, and programs are available to people with disabilities. For the purpose of this form, accommodation requests will be considered for persons who have disabilities that are expected to last at least six months.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (Alt. Phone): _____

Library Branch(s) most often visited (circle all that apply) Frostburg George's Creek
LaVale South Cumberland Washington Street Westernport

Email (optional): _____

Library card number (optional): _____

I am requesting the following accommodation(s): (check all that apply)

- Circulation Access** – Check here if you have a condition that makes it difficult or impossible to check out library materials. Please describe the accommodation you are requesting: _____

- Program / Services Access** – Check here if you are unable to participate in a library program or service due to a disability and describe the accommodation you are requesting below. _____

- Other** – Describe the accommodation you are requesting and how it will assist you in your use of Library programs or services: (Attach additional sheets as necessary.)

Please submit your completed form to: **Allegany County Library System**
31 Washington Street
Cumberland, MD 21502

Your request will be addressed as quickly as possible. Please note that certification by a Health Care Provider may be required.

This form is for library use only. All information will be kept confidential.