

Kern County Law Library

Request for Accommodation by Person with Disability

Seeking an Exception from Emergency Local Rule No. 2 – Requirement That All Individuals Wear Face Masks Regardless of Vaccination Status

Name:

Mailing Address:

Email Address:

Phone Number:

When and where do you need the accommodation?

Please describe the reason you are requesting an accommodation, including a statement of the medical condition that requires you to visit the Kern County Law Library without a face mask:

Please describe the accommodation(s) requested:

Please describe the safety measures that you can take instead of wearing a double-layered face mask:

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

Signature: _____

Date: _____

STAFF USE ONLY

- Accommodation denied
- Accommodation provided: