

## Laguna Woods Mutual No. 50

## REQUEST FOR FURTHER INFORMATION RELATED TO POSSIBLE REQUEST FOR REASONABLE ACCOMMODATION OF A DISABILITY

Unit Address:						
				Best Phone # or Email for Member/Resident:  Date Request Received:		
Date This Form Provided to Member/Resident:						
Dea	r Member/Resident:					
that "rea take	una Woods Mutual No. Fifty ("Mutual") is in receipt of your recent correspondence and/or comment may be a request that the Mutual make an exception to one of its rules, regulations, or policies as a sonable accommodation" of a disability ("Request"). The Mutual's Board of Directors ("Board" is requests for reasonable accommodation very seriously and considers each request on a case-by a basis, as is required under the law.					
Req	Board will carefully consider the Request and will work with you and/or your representative on the uest. However, the receipt of a note, letter, or other document from a health care professional does constitute a request for reasonable accommodation or modification. More information is necessary refer for the Board to consider the Request.					
Plea	se provide the following information to the best of your knowledge:					
1.	Please clarify your specific Request:					

	What Mutual rule or policy is the Request related to?
	What is the specific exception to the rule or policy that you are requesting?
	How does the requested exception relate to a physical or mental health disability? Please do not provide confidential or private medical information.
	What other information would you like to share with the Board? Please do not provide confidential or private medical information.
	3) 3)
ank ovid	you for assisting the Board with its consideration of the Request. The Board will endeavor to le a response to the Request within ten (10) business days from the date that all information is ed.
you am.	have any additional questions or comments, please do not hesitate to contact your management
ncer	rely,
	of Directors a Woods Mutual No. Fifty