

REQUEST FOR REASONABLE ACCOMMODATION

Name of person requesting a Reasonable Accommodation:

Unit# _____

Daytime Phone # _____ Evening Phone # _____

1. I am a person with a disability/handicap as defined by one or more of the following: ***A physical or mental impairment that substantially limits one or more major life activities; or a record of having such impairment; or is regarded as having such impairment.***

** If I am not the person with a disability/handicap the following member of my household has a disability as defined below:

Name: _____

Relationship to you (e.g. child, parent): _____

2. As a result of this disability/handicap, I am requesting the following reasonable accommodation for my household: an exception to the Corporation's express, written and strictly enforced pet policy to (state what exceptions are requested)

3. This request for a reasonable accommodation is necessary so that I (or the requesting party) have an equal opportunity to use and enjoy the unit which I (or the requesting party) currently lack because:

I understand that the information obtained by the Corporation will be kept completely confidential as required by Section 719.104(2)(c)(3), Florida Statutes, and used solely to evaluate my request for a reasonable accommodation.

Please return this form, along with the Affidavit of Treating Physician, Acknowledgement of Procedure to Request Reasonable Accommodation, and Animal Registration forms as promptly as possible so that the Corporation can evaluate your request.

Signed: _____

Requesting Party

** If on behalf of a minor child, please indicate whether you are the parent or guardian.