

REQUEST FOR REASONABLE ACCOMMODATION

Date: _____

Applicant/ Resident Name: _____

Address of Rental Property: _____

To: **Parkwood Property Management, Inc.**

I have a disability as defined by the fair housing laws. I use a service animal to assist me with the functional limitations related to my disability. My service animal enhances my ability to live independently, and to use and enjoy my dwelling fully.

Type of service animal (dog, cat, etc.): _____

As an accommodation for my disability, I request that you:

____ Waive your "no-pet" policy

____ Waive your pet weight/ height restrictions

____ Waive your pet deposit or fees

____ Other: _____

I have attached a letter, **dated within 60 days of submission of this form**, from my doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about my disability and my need for a reasonable accommodation. The letter verifies that I have a disability as defined in the fair housing laws, and that I have a disability-related need for a service animal.

Please advise me of your response to my request for accommodation by _____, 20__.

Applicant/ Resident Signature

Date

Included in my Request:

____ Service Animal Information including type, breed, age.

____ Letter from Qualified third party on professional letterhead.

DATE: _____

NAME & TITLE OF QUALIFIED THIRD PARTY: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

TO: PARKWOOD PROPERTY MANAGEMENT, INC.

_____ is my patient, and has been under my care since
____/____/____. I am intimately familiar with his/her history and with the functional
limitations imposed by his/her disability. He/She meets the definition of disability under the Americans
with Disabilities Act, the Fair Housing Act, and the Rehabilitation Act of 1973.

Due to disability, _____ has certain limitations regarding
_____.

In order to help alleviate these difficulties, and to enhance his/her ability to live independently and to
fully use and enjoy the dwelling unit you own and/or administer, I am prescribing an emotional support
animal that will assist _____.

In coping with his/her disability.

Should you have additional questions, please do not hesitate to contact me.

Sincerely,