



## Assistance Animal Request by Telephone Form

Date: \_\_\_\_\_

Name of employee filling out request: \_\_\_\_\_

Name of person requesting assistance animal: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

**Applicant requests the following reasonable accommodation be made in regards to the use of an assistance animal [examples below] so that he/she or the person/persons living with them can equally use and enjoy the dwelling:**

---

---

---

---

**Examples of reasonable accommodations include, but are not limited to:**

- Waiver of a no-pets policy to allow for the assistance animal.
- Waiver of a deposit generally required on other tenants who obtain pets in their dwelling.
- Waiver of a size limit generally imposed on pets otherwise allowed in the dwelling.

**Applicant is requesting the above reasonable accommodation be made for an assistance animal because:**

---

---

---

Ask the applicant which of the following information they can provide and inform them its best they submit the information as soon as possible to ensure a timely review of the request:

- Written documentation by a health care provider that verifies my disability
- Written documentation by a health care provider which verifies or explains the assistance animal I am requesting is required to assist my disability
- Proof of current vaccination and/or license for the assistance animal requested

**Employee please note:** Please inform applicant their request will be reviewed and a response issued within two weeks. Additional information may be requested before an approval can be issued.

**Signature of employee filling out request:** \_\_\_\_\_