



Assistance Animal Request Approval/Denial Form

Name of Person Requesting Assistance Animal: _____

Address: _____

Telephone: (____) _____

Approved/Denied by: _____

Title: _____

After reviewing your request, we have decided to:

Approve your request

Deny your request

If approved; you are allowed to house the assistance animal in your rental unit

If denied; it was for the following reasons:

- No statement by health care provider confirming disability
- No statement by health care provider stating there is necessity for assistance animal
- Animal not properly vaccinated
- Animal is not allowed under city code
- Other:

Signature: _____ Date: _____