

**Tropic Isles Co-Op, Inc.
1503 28th Avenue West
Palmetto, FL 34221**

REQUEST FOR ASSISTANCE ANIMAL ACCOMMODATION

Residents are requested to use this form or similar documentation to request accommodation to keep an Assistance Animal or emotional support animal in Tropic Isles.

The Manager, with authority from the Associations Board of Directors, following receipt of this request and supporting documents shall review the request and determine if a reasonable accommodation should be made. The unit/lot owner or potential owner/lessee will be notified of the Associations decision.

To Whom It May Concern:

Tropic Isles requires documentation from a physician, psychiatrist, social worker, or other health professional that indicates that the animal provides emotional or other support that alleviates one or more of the identified symptoms or effects of an existing disability. The purpose of this form is to request that you provide the proper verification required by law for a reasonable accommodation to Tropic Isles' pet policy.

Owner/Resident Requestor:

I hereby request that Tropic Isles provide a reasonable accommodation to Article X of the Rules and Regulations and allow me to live with and use an Assistance Animal or emotional support animal in all areas of the premises where persons are normally allowed to go, unless doing so would impose an undue financial and administrative burden or would fundamentally alter the nature of the housing provider's services.

By submitting this request, I acknowledge receipt of the applicable Tropic Isles documents and Rules and Regulations for Animals, which are provided on the website, www.tropicisles.net

Signature _____

Printed Name _____

Tropic Isles Unit/Lot # _____

Phone Number _____

Email Address _____

Please provide the following documentation, to be completed and signed by a physician, psychiatrist, social worker, or other health professional.

TROPIC ISLES CO-OP, INC.
Reasonable Accommodation

The following questions are intended to assist with determining the need for reasonable accommodation for an Assistance Animal or emotional support animal for a resident of Tropic Isles. This is **not a request for details about the individual's medical condition** beyond that necessary to verify the need for accommodation:

1. Does the person seeking to use and live with the animal have a disability, i.e., a physical or mental impairment that substantially limits one or more major life activities?
Yes_____ No_____

2. Does the person making the request have a disability-related need for an assistance animal? In other words, does the animal work, provide assistance, perform tasks or services for the benefit of the person with the disability, or provide emotional support that alleviates one or more of the identified symptoms or effects of the person's existing disability?
Yes_____ No_____

To be completed by the Medical/Professional Person providing the above information:

I assert that the information contained in this request accurately represents my medical or professional opinion and is true and correct.

Signed _____
Printed Name & Title _____
Area of Speciality _____
Physician's License Number _____
Address _____
Phone Number _____
Date _____

To be completed by Tropic Isles Personnel:

Approved _____
Disapproved _____ (provide explanation)

Tropic Isles Property Manager Name and Signature _____