

REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

(To be completed by person requesting accommodation/modification)

Date of Application: _____

Name of Occupant (s): _____ Tel: _____

Address: _____

Email: _____

DEFINITION OF DISABLED

Under federal and state law, an individual is disabled if he/she has a physical or mental impairment that *substantially limits one or more major life activities*, has a record of such an impairment, or is regarded as having such an impairment. Major life activities include, but are not limited to, walking, seeing, hearing, speaking, breathing, thinking, communicating, learning, performing manual tasks, and caring for oneself.

I am disabled as defined above. I am requesting the following accommodation or modification:

What is the connection between your disability and the requested accommodation or modification?

If requesting an accommodation for an assistance animal:

Name of Assistance Animal: _____

Type/Breed: _____ Age: _____

License or I.D. # _____

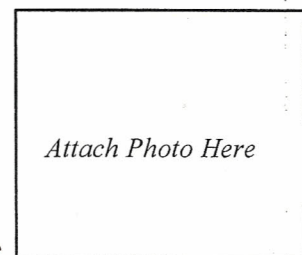


Photo of Animal

Signature of Occupant: _____ **Date:** _____