

**MILLER SIXTY-SEVEN TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.
REASONABLE ACCOMMODATION REQUEST VERIFICATION FOR RESIDENTS**

Date: _____

To: _____
Health Care Provider's Name

Health Care Provider's Address

Health Care Provider's Signature

From: Miller Sixty-Seven Townhouses Condominium Association, Inc.
c/o Anchor & Sail Property Management LLC
P.O. Box 22-8841
Miami, FL 33222-8841

RE: REQUEST FOR ACCOMMODATION

NAME OF PERSON REQUESTING REASONABLE ACCOMMODATION:

APPLICANT: _____

ADDRESS: _____

The Applicant named above has requested that the Association accommodate the Applicant's disability by allowing the Applicant to bring an assistance animal onto the condominium property. Specifically, Section 11 of Article 10 of the Association's Declaration of Condominium provides as follows: "All animals and pets of any kind acquired after the date of this Amendment shall be prohibited in the units and upon the Condominium premises. . . "

Under normal circumstances, our policies would require us to deny the request. However, under federal law, if an individual with disabilities requests a reasonable accommodation due to that disability, we must consider the request. To do this, we must verify that the individual qualifies under federal law and requires the accommodation in order to have an equal opportunity to use and enjoy the condominium property and amenities.

We would appreciate your cooperation in answering the questions on this form and returning it to the Association's address listed above. The Applicant has consented to this release of information as shown below.

INFORMATION REQUESTED

1. Are you the Applicant's treating medical professional with knowledge of Applicant's medical condition and history?
_____ Yes _____ No

2. Please indicate the date on which you last provided care or services to the Applicant: _____.

3. If you are a licensed or certified health care practitioner in another state, have you provided in-person care or services to the Applicant on at least one occasion. _____ Yes _____ No _____ N/A, I am licensed or certified in Florida.

4. If your answer to item number 3 above is yes, please indicate the date that you last provided in-person care or services to the Applicant: _____

5. Does the Applicant have a physical or mental impairment as described below? _____ Yes _____ No

6. What is the expected duration of the impairment? _____ Permanent _____ Temporary

7. Does the impairment substantially limit one or more of the Applicant's major life functions or activities?
_____ Yes _____ No

8. If yes, please indicate which major life functions or activities are affected and describe how it affects the Applicant.

9. In your professional opinion, does Applicant need the accommodation requested in order to have the same opportunity that a non-disabled individual has to use and enjoy the condominium property? _____ Yes _____ No

10. If yes, please describe how the requested accommodation lessens the effects of Applicant's disability or facilitates the Applicant's ability to function. _____

11. If the assistance animal is a service animal as defined by the Americans with Disabilities Act ("ADA"), identify the specific activities and functions for which the service animal has been trained to assist the Applicant with his/her disability and identify the trainer or trainers for the service animal.

DEFINITION OF "DISABLED"

Under federal 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.

The term "physical or mental impairment" includes:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; specific sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine;
2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

Major life functions or activities means functions such as caring for one's self, performing manual tasks, walking, lifting, reaching, sitting, sleeping, standing, seeing, hearing, speaking, breathing, concentrating, learning, interacting with others, and working.

STATUTORY PENALTY: IN ACCORDANCE WITH SECTIONS 413.08(9) AND 817.265, FLORIDA STATUTES, A PERSON WHO KNOWINGLY AND WILLFULLY MISREPRESENTS HERSELF OR HIMSELF, THROUGH CONDUCT OR VERBAL OR WRITTEN NOTICE, AS HAVING A DISABILITY OR DISABILITY RELATED NEED FOR A SERVICE ANIMAL OR EMOTIONAL SUPPORT ANIMAL OR BEING QUALIFIED TO USE A SERVICE ANIMAL OR EMOTIONAL SUPPORT ANIMAL OR AS A TRAINER OF A SERVICE ANIMAL COMMITS A MISDEMEANOR OF THE SECOND DEGREE, PUNISHABLE BY (1) A DEFINITE TERM OF IMPRISONMENT NOT EXCEEDING 60 DAYS AS PROVIDED IN SECTION 775.082, FLORIDA STATUTES OR (2) A FINE OF \$500.00 AS SET FORTH IN SECTION 775.083, FLORIDA STATUTES AND SUCH VIOLATOR MUST PERFORM 30 HOURS OF COMMUNITY SERVICE FOR AN ORGANIZATION THAT SERVES INDIVIDUALS WITH DISABILITIES, OR FOR ANOTHER ENTITY OR ORGANIZATION AT THE DISCRETION OF THE COURT, TO BE COMPLETED IN NOT MORE THAN 6 MONTHS.

NAME & TITLE OF PERSON SUPPLYING INFORMATION: _____

FIRM/ORGANIZATION: _____

HEALTH CARE PROVIDER'S SIGNATURE: _____

HEALTH CARE PROVIDER'S OFFICE NO: _____ FAX NO: _____

HEALTH CARE PROVIDER'S EMAIL ADDRESS: _____

MEDICAL LICENSE NO. (IF PHYSICIAN): _____ DATE: _____

RELEASE

TO THE APPLICANT:

RELEASE: I hereby authorize the release of the requested information. The information obtained under this consent is limited to information that is no older than twelve (12) months. There are circumstances that would require the Association named above to verify information that is up to five (5) years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

SIGNATURE: _____ DATE: _____

ID Examples for Service Animal or Emotional Support Animal

U.S. Registered Support Animal

Handler of this Support Animal ID Card meets one of the following requirements under the ADA; American with Disabilities Act, Air Carrier Act, Fair Housing Act or the Rehabilitation Act of 1973. The handler and support animal

Name: Amy Hyer
Animal Name: Pete
Breed: Brussels Griffon
State: FL
ID Number: 5555555555

To Verify Registration Visit Online or Scan QR Code
www.USAServiceDogRegistration.com

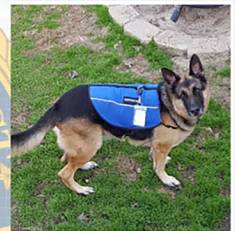


U.S. Registered Service Dog

Handler of this Service Dog ID card meets one of the requirements under ADA; Americans with Disabilities Act, Fair Housing Act, Air Carrier Act or the Rehabilitation Act of 1973. The Service Dog and Handler qualify for Full Access to all Public Places.

Name: AMBER LARNETT
Animal Name: ZEUS
Breed: GERMAN SHEPHERD DOG
State: CA
ID Number: 123456789

To Verify Registration Visit Online or Scan QR Code
www.USAServiceDogRegistration.com



Emotional Support Animal

NSAR CERTIFIED



NAME: [Dogs Name]
HANDLER: J. Smith
REG. DATE: MM/DD/YY
TYPE: ESA

NSAR ID: D123456



WWW.NSARCO.COM

TOLL FREE: 866-737-3930

Access Required by Law

RIGHTS PROTECTED UNDER U S FEDERAL LAW

EMOTIONAL SUPPORT DOG

Handler and Animal are protected under the following law :
Fair Housing Act (FHA), 42 U.S.C.A. 3601 et seq.)

Animal's Name: Chip [123456789012345]
[Name] [Current Address]
Handler's Name: Telephone: (123) 456-7890
[First & Last Name]

Do not separate animal from the handler. They are to be transported together.



Registry Number
1234567890
Scan QR code on left to verify
registration or visit
www.usservicedogsregistry.org

