

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Re: Accommodation due to disability**

Dear \_\_\_\_\_:

It is my understanding that you have requested an accommodation to allow a service animal at the premises due to a disability. In order to accommodate your request, you must have a third-party provider fill out the attached form, which will provide the necessary proof that you require this accommodation. Please have this form completed and the original returned immediately.

Please note that under Florida Law it is a 2<sup>nd</sup> degree misdemeanor to knowingly and willingly misrepresent that an animal is a service animal and that you are qualified to use such service animal.

If you have any questions, you may call this office.

Sincerely,

Authorized Agent for \_\_\_\_\_ Apartments

To the health care or mental health provider of \_\_\_\_\_:

Please copy or transfer the following form to your letterhead and return this information to  
\_\_\_\_\_.

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

Dear \_\_\_\_\_:

I am the health care or mental health provider for \_\_\_\_\_.  
\_\_\_\_\_ is disabled as defined by fair housing law  
(*please do not state the nature of the disability*). Furthermore, it is my professional  
opinion that \_\_\_\_\_ requires a service animal to in  
order to service this disability and provide him/her with the same opportunity  
that a nondisabled person has to use and enjoy the apartment community  
where he/she resides. Finally, I would be willing to testify in Court, if  
necessary, in regards to this matter.

Sincerely,

\_\_\_\_\_  
Name:

Title: