

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 2nd 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: