

**Request for Reasonable Accommodation:**

**Service Animal**

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

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Service animal's name: \_\_\_\_\_

**Your Highleah Occupancy Agreement requires the truth and accuracy of the following information.**

Is the animal a dog? \_\_\_\_YES \_\_\_\_NO

Is the animal required because of a disability? \_\_\_\_YES \_\_\_\_NO

What work or task has the animal been trained to perform?

\_\_\_\_\_  
*(work or tasks performed by a service animal must be directly related to the individual's disability)*

\_\_\_\_\_  
*Signature: Owner of Service Animal*