

Support Animal Request

Unit Owner: _____

Address: _____

Phone: _____

Type of Assistance Animal: _____

Attach a photograph of requested assistance animal (photo no smaller than 3" x 3")
Please provide the following information regarding your request:

1. Do you have a disability that limits one or more major life activities? Yes No

2. Are you solely able to care for the support animal you are requesting? If not, what
arrangements do you have for assistance with the care of the animal? Yes No

3. What kind of animal are you seeking approval for? (species, breed, size, etc.)

4. Description of requested support animal, including color, height and weight and age:

5. Please state any other information you feel will be helpful to your Board of Directors
when considering this request:

Unit Owner Signature: _____

Date: _____

- PLEASE REVIEW THE ATTACHED RULES – Page 5
- PLEASE INCLUDE THE ATTACHED, COMPLETED FORM FROM YOUR PHYSICIAN, PSYCHIATRIST, OR LICENSED THERAPIST. – Page 2 through 4
- RETURN ALL INFORMATION TO:
Ameri-Tech Community Management
24701 US Highway 19 N Suite 102
Clearwater, FL 33763

FAIR HOUSING REASONABLE ACCOMMODATION CERTIFICATION LETTER

To: Lake Tarpon Sail & Tennis Club III Condominium Association, Inc.

“Association” Address: Ameri-Tech Community Management

24701 US Highway 19 N Suite 102
Clearwater, FL 33763

I hereby declare, under penalty of perjury, that the following statements are true and correct to the best of my knowledge and belief:

1. _____ (“Patient”) is my patient whose address is _____

2. My name, business address, and business telephone number are as follows:

3. I am a duly licensed _____ (physician, psychologist, etc.) in the State of _____ and my license number is: _____

4. I am also certified in the following medical or other relevant specialty(ies), if any:

5. The Federal and Florida Fair Housing Acts define a person with a disability as one who (1) has a physical or mental impairment that substantially limits one or more major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment.

I hereby certify that Patient is a disabled person pursuant to the above definition from the Federal and Florida Fair Housing Acts due to the following condition or for the following reasons:

6. If you have certified that the Patient is disabled in No. 5 above, can this condition be treated to prevent any substantial limits in any of the Patient’s major life activities? Explain any qualifications to your answer.

7. If your answer to No. 6 above indicates that the condition is treatable, is the Patient's condition being treated to prevent any substantial limits in any of the Patient's major life activities? Explain any qualifications to your answer.

8. I am aware that Patient has requested a waiver of the above Association's recorded covenants, rules, regulations or policies or is requesting an accommodation in the enforcement of those covenants, rules, regulations or policies as follows: *[to be inserted by Association, Patient or Physician, as the case may be]*.

9. I hereby certify that Patient's request in No. 8 above alleviates or mitigates Patient's handicap described in No. 5 above or otherwise assists Patient in using and enjoying Patient's home or the common facilities in the Association for the following reason(s):

10. I understand that the Association has proposed, as a reasonable accommodation to Patient, the following *[if applicable]*:

11. I certify that the reasonable accommodation proposed by Association **is /is not** satisfactory *[strike one]*. If you believe it is not satisfactory, please justify your response below: *[Complete only if No. 8 has been completed]*:

12. By executing this certification, I confirm that the desired accommodation will affirmatively enhance the quality of life of the Patient by specifically ameliorating the effects of the disability.

13. I understand that this information is solely for the internal use of the above-named Association, that it will be kept confidential and will be provided only to authorized representatives of the above-named Association who periodically may need to verify and re-validate that this information is still correct.

14. I understand that if a dispute arises concerning these issues, I may be called upon to testify concerning my professional opinions set forth in this certification

I DECLARE under penalty of perjury under the laws of the State of Florida that the foregoing statements are true and correct. Executed at _____ on this _____ day of _____, 20____.

Signature of Attending Practitioner

Print Name: _____
[Please feel free to attach another page to supplement any responses above.]

Prescription Attached: Yes No

Lake Tarpon Sail & Tennis Club III Condominium Association, Inc.

Support Animal Approval

Unit Owner: _____

Address: _____

Upon signing, the Board of Directors hereby approves the housing of one (1) support animal in accordance with the Federal and Florida Fair Housing Acts and HUD requirements. The undersigned owner agrees to abide by the following rules pertaining to the housing and care of the support animal:

Rules and Regulations Regarding Animals

1. Animals must be leashed when taken outdoors, and accompanied by a responsible individual who will control and is capable of controlling them.
2. All leashes must be fixed (not extendable), with a maximum length of six (6) feet.
3. An animal shall not be left on a patio or porch unattended. No animal shall be tethered on the common elements.
4. Animal owners are responsible for the immediate removal and disposal of animal waste from all common areas and roads within the community.
5. No animal may be a nuisance to other residents. A "nuisance" includes, but is not limited to, excessive barking, howling, whining, odors, or unsanitary conditions.
6. No food or water dishes shall be allowed outside the Unit. (They can attract wild animals.)
7. No animal may be kept which exhibits violent or aggressive behavior to humans or other animals. Animals which exhibit this behavior must be removed from the community immediately.
8. All animals must maintain a proper and current registration with Pinellas County as required by law.
9. All animals must be vaccinated as required by Florida and Pinellas County law.
10. Animal owners are responsible for all damage to persons or property caused by the animal. All such property damage caused to the Association's common elements will be repaired by the Association and such costs will be assessed to the animal owner's Unit.
11. Animal owner must re-apply for any replacement support animal.

I have received a copy of the above rules regarding the housing and control of my support animal and agree to abide by the conditions set forth.

Date: _____ Unit Owner Signature: _____

Type (species): _____

Breed: _____

Color: _____

Photograph of animal must be attached

-----Approved only upon signing stipulations-----

Date: _____ Board Signature: _____

THIS APPROVAL SHALL BE EFFECTIVE UPON THE BOARD APPROVING AND SIGNING THIS FORM AND SAID APPROVAL SHALL REMAIN IN EFFECT UNLESS REVOKED IN WRITING BY THE BOARD OF DIRECTORS.

**If you have any questions, please contact
Ameri-Tech Community Management
24701 US Highway 19 N Suite 102
Clearwater, FL 33763**