



SERVICE ANIMAL REQUEST VERIFICATION

Date: _____

To: _____

[Name and Address of Health Care Provider or other Qualified Person]

From: Taylor Realty Group
11001 W 120th Ave #400 Broomfield CO 80021
303-669-2744 Main 888-464-2621 Fax
rent@taylorrealtygroup.net (email)

RE: Request for Service Animal for:

Tenant Name(s): _____

Address: _____

The Tenant named above has requested that he/she be permitted to have a service animal in residence as an accommodation.

Our Lease prohibits Tenants from having animals of any kind on the Premises without prior written permission. However, if an individual with disabilities requests permission to bring a service animal onto the Premises, we must consider the request. We must verify that the individual qualifies as disabled under Federal Law and requires the animal in order to have an equal opportunity to use and enjoy the Premises, and that the animal complies with applicable Federal, State and Local laws.

We would appreciate your cooperation in answering the questions on this form and returning it to our office address at the contact information above. The resident has consented to this release of information, as shown on the next page.

INFORMATION REQUESTED

- 1. Is the resident disabled as defined below? Yes No
- 2. In your professional opinion, does the Resident need a service animal identified as _____ in order to have the same opportunity that a non-disabled individual has to use and enjoy the and community? Yes No

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 impairment; or is regarded as having such impairment.

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, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use [24 CFR Part 8.3, and HUD Handbook 4350.3(Exh. 2-2)].

Person Supplying Information:

Name: _____ Title: _____
Organization/Firm Name: _____
Address: _____
Phone: _____ Email: _____

Would you be willing to testify in any court action or related proceeding as to Resident’s need for the animal? Yes No

Signature of Person Supplying Information Date

TENANT RELEASE OF INFORMATION

TO THE TENANT:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE OWNER OR THE HEALTH CARE PROVIDER IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is not older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Tenant Signature Date