## Bermuda Bay Beach Condominium Association, Inc. Request for Accommodation Form

The Unit Owner/ Lessor / Property Manager is responsible for ensuring all required documentation is delivered to Management a minimum of five (5) days prior to Service or ES animal occupation.

l,	(name of person making the request), as (circle one)
	nonths) / a short-term renter (less than 6 months)
hereby submit the below Request for	Accommodation of a (check appropriate box below)
Service Animal	
Emotional Support Animal	
Included with my request, please find	he following:
Proof of current Vaccinations	r an exemption letter from Veterinarian
certified practitioner or provider in go state, that has provided in-person care	are practitioner, telehealth provider or other similar licensed or od standing with his or her profession's regulatory body in another or services to the tenant on at least one occasion in support of limal as per the Americans with Disabilities Act, the Fair Housing.
on-line or by-mail certification or med	ne Fair Housing Act, and Florida State Statutes do not recognize ical letters for service or support animals.  and agree to abide by the Bermuda Bay Beach Condominium or the duration of my lease term.
Owner/Lessee Name:	Unit #
Owner/Lessee Phone:	Email:
Date Submitted:	
	For office use only
Lease Term: From	To
THIS REQUEST FOR ACCOMMODATION	HAS BEEN REVIEWED AND APPROVED ON:
Bv:	Signature: