



**REQUEST FOR  
REASONABLE  
ACCOMMODATION**

**1600 4<sup>th</sup> Ave E  
Olympia WA 98506**  
Business: 360-456-7368  
Toll Free: 877-456-7368  
Fax: 360-412-4953  
[www.hometownpm.com](http://www.hometownpm.com)  
E-mail [info@hometownpm.com](mailto:info@hometownpm.com)

---

---

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I have a disability as defined by the fair housing laws. I use a service animal to assist me with the functional limitations related to my disability. My service animal also enhances my ability to live independently and to fully use and enjoy the dwelling you provide.

Type of service animal:    \_\_\_ Dog    \_\_\_ Cat    \_\_\_ Other: \_\_\_\_\_

I am requesting that you:

- Waive your “no-pet” policy
- Waive your pet weight/height restrictions
- Waive your pet deposit/pet-related fees requirement
- Other:

\_\_\_\_\_  
\_\_\_\_\_

As an accommodation for my disability/disabilities.

I have attached a letter from my treatment provider verifying that I have a disability and that I have a need for a service animal.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_