

REQUEST FOR MODIFICATION / ACCOMMODATION VERIFICATION

DATE _____

TO _____

HEALTH CARE PROVIDER'S NAME

HEALTH CARE PROVIDER'S ADDRESS

FROM _____

COMMUNITY ASSOCIATION NAME

COMMUNITY ASSOCIATION ADDRESS

RE: REQUEST FOR MODIFICATION OR ACCOMMODATION

MEMBER'S NAME _____

ADDRESS _____

The Requesting Party above has requested a modification to the building and/or an accommodation to our rules, regulations, and services based on the claim that the Requesting Party has the following medical issue which constitutes a disability as defined below (state nature of medical condition/disability): _____

According to the Requesting Party, the disability limits his/her ability to (explain need for modification/accommodation):

Therefore, the Requesting Party has made the following request:

Under federal law, if an individual with disabilities requests a reasonable modification or accommodation to that disability, the Association must consider the request. To do this, the Association must verify that the individual qualifies as disabled under Virginia or federal law and requires the accommodation in order to have an equal opportunity to use and enjoy his/her home.

RELEASE

TO THE MEMBER:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE COMMUNITY ASSOCIATION 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 no older than 12 months. There are circumstances that would require the community association named above to verify information that is up to five years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

SIGNATURE _____ DATE _____

V. Agreement.

- a. I agree to abide by the rules set forth in Section III at all times.
- b. I shall be fully liable for any and all injuries, damages, causes of action, claims or obligations, over any consequential damages arising out of or related to my use of an assistance animal. I am solely responsible for any harm, including to any person or to the common elements, or any other property caused by my assistance animal.
- c. I hereby waive, hold harmless, indemnify, release and forever discharge the Association, the Association Board of Directors, members, residents, employees and agents of and from all manner of action and actions, causes and causes of action, suits, damages, claims or obligations, over any consequential damages arising out of, or related to, or resulting from my assistance animal's actions and behavior and use of Association facilities.
- d. I hereby represent that (i) my assistance animal is in good health, has not been ill with any communicable diseases or parasites in the last 30 days, and has not harmed or shown aggressive or threatening behavior towards any person or any other animal; (ii) my assistance animal has received and is up-to-date on all vaccinations as required by law; and (iii) that my assistance animal does not suffer from any condition and is not prone to any behavior which would in any way be dangerous to another person or animal.
- e. I am strictly responsible for the care and actions of my assistance animal.

By signing below, I represent that the information provided is true and accurate to the best of my knowledge. I agree to the terms contained in the Assistance Animal Registration.

WARNING: READ CAREFULLY. THIS REGISTRATION INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO BRING LEGAL ACTION AGAINST THE ASSOCIATION AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ THE AGREEMENT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF THE EFFECT OF THIS AGREEMENT.

Name of Requesting Party

Address in Watergate at Landmark Condominium

Home Phone

Office Phone

Cell Phone Number

Email Address

Signature