



Family Owned and Operated

ASSISTANCE ANIMAL REQUEST

1. Do you require assistance filling out this form? _____ YES _____ NO
If your answer is "Yes," and you do not have someone who can assist you, please contact our office and we will assist you in filling out this form.
If your answer is "No," continue on to Question No. 2.

2. I am (please check one):
_____ The person who has a disability and is requesting an Assistance Animal.
_____ A person making a request on behalf of or assisting the person with a disability and is requesting an Assistance Animal.

NAME: _____
ADDRESS: _____
PHONE: _____ EMAIL ADDRESS: _____
RELATIONSHIP TO APPLICANT: _____

3. I am requesting an exception to the Burnham Rentals' No Pets Policy to accommodate my Assistance Animal. My Assistance Animal is a (provide name, type, breed, size):

A letter from my healthcare provider recommending an Assistance Animal is attached. I have an ongoing therapeutic relationship with this provider, and I have not paid a fee for this written documentation.
An addendum to the lease will be required once all paperwork is received and approved by Burnham Rentals management. If applicable, other parties to the lease with Burnham Rentals must be notified and approve of the Assistance Animal.

Signature

Date

Printed Name