

# Reasonable Accommodation Request Form

**Mitchell Realty Services, Inc.**

**Address:** 2833 NW 41<sup>st</sup> St, Ste 130, Gainesville, FL 32606

**Phone:** (352) 374-8579

**Email:** contact@mitchellrealtygainesville.com

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## Tenant Information:

- Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - City, State, ZIP Code: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email Address: \_\_\_\_\_
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## Reason for Request:

I am requesting a reasonable accommodation under the Fair Housing Act due to my disability.

- Nature of Accommodation Requested:  
(Check all that apply)
  - Emotional Support Animal
  - Physical Modifications to the Unit
  - Parking Accommodation
  - Assistance with Communication or Documents
  - Other: \_\_\_\_\_
- Please describe the accommodation requested and why it is necessary for your disability:

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## Medical/Professional Verification:

If applicable, please provide contact information for a medical or licensed professional who can verify your need for the requested accommodation.

- Professional's Name: \_\_\_\_\_
- Title: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

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**I authorize the Property Manager or Landlord to contact this professional to verify my need for this accommodation.**

Yes  No

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## **Acknowledgment:**

I certify that the information provided above is accurate to the best of my knowledge.

- Tenant Signature: \_\_\_\_\_
  - Date: \_\_\_\_\_
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## **For Office Use Only:**

- Date Received: \_\_\_\_\_
  - Reviewed By: \_\_\_\_\_
  - Action Taken: \_\_\_\_\_
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This form complies with the Fair Housing Act and provides a clear process for tenants to request accommodations. For legal compliance, it's advised to consult with an attorney to ensure the form aligns with state and federal laws.