

PARK TOWER CONDOMINIUM ASSOCIATION

5415 N. SHERIDAN ROAD, SUITE 107, CHICAGO, ILLINOIS 60640-1966

PHONE: 773.769.3250 - FAX: 773.769.0047 - EMAIL: PARKTOWERCONDO-MGMT@HABITAT.COM - WWW.PTCONDO.COM

Service and Support Animal Request

Dear Applicant,

The Park Tower Condominium Association (PTCA) prohibit dogs and cats as household pets. The PTCA Board of Directors, however, recognizes that service and support animals play a vital role in improving the health and welfare of many people and has established a procedure to accommodate legitimate requests to address those needs.

The procedure outlined herein must be adhered to in deference to the Board's responsibility to follow the intent and spirit of PTCA's Declaration.

The procedures and documentation required are as follows:

1. The attached application must be completed in full.
2. The completed application must be accompanied by a completed PTCA Medical/Health Care Provider Questionnaire and a letter from a state licensed medical health provider. The letter should confirm there is a genuine therapeutic relationship with the patient.

The health provider's letter must include this exact statement: "It is my professional opinion that [Name], with whom I have a genuine therapeutic relationship, requires the assistance of a [service] [support] animal and therefore I am prescribing (type of animal)...." The letter should further provide support demonstrating that there is a genuine therapeutic relationship and clearly describe how the disability affects the individual and the disabilities symptoms and how the service animal alleviates the symptoms; specifically confirming *(1) the individual has a disability which is defined by the Fair Housing Act and the Illinois Assistance Animal Integrity Act as a physical or mental impairment which substantially limits one or more major life activities, (2) that the individual believes the Owner needs an assistance animal, and (3) how the animal will assist/alleviate one or more of the Owners symptoms.*

3. The application must be accompanied by a clear photograph of the animal that will serve as a service or support animal.

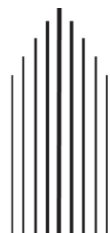
4. The application must be accompanied by documentation that the service or support animal is registered with the City of Chicago (as may be required) and is current with all required vaccinations/shots mandated by the municipality.

5. Sufficient evidence that the unit owner carries liability insurance as required under the Association's Rules and Regulations, under the Section "Insurance".

The completed application and all accompanying documentation will be reviewed in confidence by PTCA's legal counsel who shall provide his/her recommendation to the Board of Directors. The Board shall vote on the request at the first possible regularly scheduled meeting after receiving the attorney's recommendation. Only the Park Tower Building Manager and PTCA legal counsel, however, will have access to the medical service provider's questionnaire, letter and identifying information of the applicant/resident. The Board of Directors will not have access to the applicant's name, unit number or other identifiers. All information contained in the application package will be kept confidential by the BOD and management. No information will be shared with anyone who does not have a legal need to know (per Ill mental health code and medical statutes) under penalty of law. All applicants will be identified by case file numbers.

Any future changes in any of the information required shall be submitted in writing to the Management Office for review by PTCA legal counsel and approved by the Board.

Thank you.



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Service and Support Animal Application (pg. 1 of 2)

Date Of Application: _____ Unit #: _____

Name of Resident Requiring Service/Support Animal: _____

Name of Unit Owner (if other than the Applicant): _____

Date of Birth: _____

Currently an Owner or Resident of Park Tower? Yes or No (circle one)

What is the Name of the Service/Support Animal? _____

What Kind of Animal? _____ (Please Attach Photo)

If a Dog or a Cat, What is the Breed? _____

Colors: _____

Is the Animal Registered With the City of Chicago? Yes or No (circle one)

If "No" Please Explain: _____

When was it Last Vaccinated for Rabies? _____

ACKNOWLEDGEMENT: I _____ (Print Applicant Name) have read and understand the rules, policies and procedures required by Park Tower Condominium Association for application seeking permission to use and house a service/support animal at Park Tower.

I do hereby attest to the truth and accuracy of all of the information provided herein and to the accuracy and authenticity of all of the accompanying documentation. I understand the PTCA Board may fine the Unit Owner up to \$1,000 for providing false information, or not updating the Association should any circumstances related to this matter change.

APPLICANT SIGNATURE: _____

UNIT OWNER SIGNATURE: _____

Service and Support Animal Application (pg. 2 of 2)

MEDICAL/HEALTH CARE PROVIDER QUESTIONNAIRE

Date: _____

Name Of Medical/Health Care Provider: _____

Address: _____

Telephone #: _____ E-Mail Address: _____

Fax #: _____

In What State Are You Currently Licensed To Practice? _____

What Is Your License Classification? _____

Health Care Provider License #: _____

Full Name Of Patient: _____

Patient D.O.B.: _____

How Often Do You See the Patient? _____

Have You Prescribed the Use of a Service or Support Animal for the Patient? Yes or No (circle one)

Have You Recommended a Particular Kind of Animal? Yes or No (circle one)

If Yes What Kind? _____

Please describe the purpose and expected impact a Service/Support Animal will have with respect to your diagnosis of the patient's condition:

Signature of Health Care Provider: _____

Note to Health Care Provider: Please attach a separate, signed and dated letter on your stationery that includes this statement: "It is my professional opinion that [Name], with whom I have a genuine therapeutic relationship, and personally examined on [date] requires the assistance of a [service] [support] animal and therefore I am prescribing (type of animal)...." The letter should further clearly describe how the disability affects the individual and the disabilities symptoms and how the service animal alleviates the symptoms; specifically confirming (1) *the individual has a disability which is defined by the Fair Housing Act and the Illinois Assistance Animal Integrity Act as a physical or mental impairment which substantially limits one or more major life activities*, (2) *that the individual believes the Owner needs an assistance animal*, and (3) *how the animal will assist/alleviate one or more of the symptoms*.