

**MYRTLE TRACE CONDOMINIUM ASSOCIATION**

*A Corporation not-for-profit*

**Send completed form to Myrtle Trace Management Company:**

**C/O AMI**

**Attention Tara Hinze**

**899 Woodbridge**

**Venice, FL 34293**

**VARIANCE REQUEST FOR A GUIDE DOG OR SERVICE DOG**

Name of person requesting the variance \_\_\_\_\_ I have a qualified disability or handicap and request a variance for a guide dog or service dog that exceeds the 25 pound weight restriction imposed by the Myrtle Trace Condominium Association Declaration of Condominium.

I am (check one only):  the current unit owner  
 applying to purchase this unit  
 applying to rent this unit  
 a guest for unknown timeframe

Myrtle Trace address \_\_\_\_\_ Unit number \_\_\_\_\_

Current mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current home phone # \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Owner of this unit (if different from the above) \_\_\_\_\_

All of the following information **must be attached** to this variance request at the time it is submitted:

- A statement from a licensed physician that confirms the guide dog or service dog owner requires accommodation for a handicap within the meaning of the Fair Housing Act.
- A statement from a licensed physician confirming that the guide dog or service dog is an accommodation for its owner's handicap.
- A statement from the guide dog's or service dog's veterinarian or a copy of the dog's medical records that states that the animal is current in all its normal vaccinations, its current age, weight and breed.

\_\_\_\_\_

Signature of person requesting this variance

Date

**PLEASE SUBMIT THIS VARIANCE REQUEST TO:     The Property Management Company**

Approved 09/17/2014

Page 1 of 2

Version3 6FormServDogVarianceV3.pdf.

**MYRTLE TRACE CONDOMINIUM ASSOCIATION**  
**213 Southampton Lane**  
**Venice, Florida 34293**

**ACTION OF BOARD OF DIRECTORS:**

Date\_\_\_\_\_

The Myrtle Trace Condominium Association Board of Directors:

\_\_\_\_\_ Approves

\_\_\_\_\_ Disapproves

this variance request for a guide dog or service dog whose full-grown weight exceeds 25 pound weight restriction of the Association.

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Title

NOTE: A copy of this Board Action will be sent to the applicant requesting this variance.

