

PENINSULA HOUSING AUTHORITY
2603 South Francis Street, Port Angeles, Washington 98362
Telephone (360) 452-7631 • Fax (360) 457-7001
Email: info@peninsulapha.org

REQUEST TO ALLOW A SERVICE ANIMAL

This request is for _____ to maintain a service animal in their residence at _____.

The animal is a dog. Breed: _____

If the animal is not a dog the animal is a _____

The name the animal answers to is _____

Description: (Color, markings, tail, no tail, color of eyes, etc.)

Current size (small, medium, large): _____ Current weight: _____

Current license tag number: _____ Date expires: _____

NAMES OF OTHER PERSONS WHO WILL CARE FOR THE SERVICE ANIMAL IF

RESIDENT IS UNABLE TO DO SO: (You must list two.)

1) Name _____ Phone: Day _____

Address _____ Phone Evening _____

City, state, zip _____

2) Name _____ Phone: Day _____

Address _____ Phone Evening _____

City, state, zip _____

I have received a copy of the service animal policy and by my signature below agree to its terms and conditions.

Signature of Applicant

Date