



PENINSULA HOUSING AUTHORITY

2603 South Francis Street, Port Angeles, Washington 98362 Telephone (360) 452-7631 • Fax (360) 457-7001 Email: <u>info@peninsulapha.org</u>

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:	
The name the animal answers to is	
Description: (Color, markings, tail, no tail, o	color of eyes, etc.)
Current size (small, medium, large):	Current weight:
Current license tag number: NAMES OF OTHER PERSONS WHO V	Date expires: VILL CARE FOR THE SERVICE ANIMAL IF
RESIDENT IS UNABLE TO DO SO: (Y	ou 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 anim and conditions.	nal policy and by my signature below agree to its terms
Signature of Applicant	Date

The Peninsula Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, disability or familial status in admission of access to it's programs. If you need to request a reasonable accommodation, contact the PHA at (360) 452-7631