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**SERVICE AND ASSISTANCE ANIMALS**  
**REASONABLE ACCOMMODATION REQUEST FORM**

THIS FORM HAS BEEN DEVELOPED IN COMPLIANCE WITH THE  
PENNSYLVANIA ASSISTANCE AND SERVICE ANIMAL INTEGRITY ACT (ACT 118 OF 2018)

Any property owner seeking a reasonable accommodation from SEPOA to keep a service or assistance animal must complete and return this form along with all supporting documentation, unless the disability is readily apparent or known to the Association. Upon receipt of the required materials, SEPOA will investigate and make a determination on the request within ten (10) days.

PROPERTY OWNER NAME: \_\_\_\_\_

PROPERTY OWNER SEPOA ADDRESS: \_\_\_\_\_

PHONE/EMAIL: \_\_\_\_\_

SERVICE ANIMAL OWNER: \_\_\_\_\_

SERVICE ANIMAL TYPE: \_\_\_\_\_

SERVICE ANIMAL NAME: \_\_\_\_\_

PURPOSE OF ANIMAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE ATTACH PROOF OF THE FOLLOWING: A) UNIT OWNER'S DISABILITY; B) THE NEED FOR THE REQUESTED ANIMAL; AND C) THE ANIMAL'S STATUS AS A SERVICE ANIMAL OR ASSISTANCE ANIMAL

I \_\_\_\_\_ hereby certify that the above information is accurate to the best of my knowledge, information and belief. I further understand that I am subject to penalty under Act 118 for any misrepresentations made through this request.

\_\_\_\_\_  
SIGNATURE

s:\service animals\service animal registration.docx

\_\_\_\_\_  
DATE