



RULES ON PETS WHICH ARE ALLOWED IN THE BWV COMMUNITY

1. **No Pets are allowed.**
2. **Exception to No Pets Allowed Rule.**
 - (a) **All pets must be approved by Management in writing before the pet's owner moves into the Community, or before Resident obtains a pet after move-in. Pets will only be allowed** pursuant to the provisions of Fair Housing laws or other applicable federal, state or local disability laws
 - (b) The following regulations must be complied with at all times by Resident and their pet:
 - i. Noisy or unruly animals, and animals with respect to which other Residents file justifiable complaints with Management must be removed from the Community. No animal which has been removed from the community under this rule shall thereafter again be permitted within the Community without Management's prior written consent.
 - ii. An up to date photo of each accepted pet must be on file with management.
 - iii. All pets must be on a leash no longer than six (6) feet at any time the pet is outside of Residents home.
 - iv. Any animal left roaming the Community unattended may be removed by Management.
 - v. Pets may not be tied unattended outside of Resident's manufactured home at any time.
 - vi. Pets may not be walked on the lawns of any Unit in the Community, other than Resident's Unit.
 - vii. When walking the pet, Residents must have with them at all times a suitable means to pick up and properly dispose of all pet litter immediately. Pet litter must not be buried or covered over, but must be put in a suitable closed container and placed in the garbage for trash collection. It is the Resident's responsibility to maintain their Unit free and clear of pet litter at all times.
 - viii. Pet owners must comply with all applicable state, county and local laws.
 - ix. No pet enclosures, including, but not limited to dog houses, are allowed. Pets must be kept inside Resident's home if unattended.
 - x. Excessive noise is not allowed, and pets must not annoy Resident's neighbors. Pets must not be left alone if they bark, cry or whine when by themselves.
 - xi. If for any reason your pet becomes lost or runs away, please notify Management at once to assist in its prompt return.
 - xii. Guest's pets are permitted in the Community, only pursuant to the provisions of Fair Housing laws or other applicable federal, state or local disability laws.
 - xiii. If a complaint concerning a pet is received by Management and determined justifiable, the applicable Resident will receive a warning. If a second complaint concerning the same pet is received by Management after Resident has received the first warning, and Management determines the second complaint is justifiable, Resident may be required to permanently remove the pet from the Community.
 - xiv. Resident shall at all times be liable for any and all damages caused by Resident's pet to property of the Community or another Resident in the Community and for any and all injuries caused by Resident's pet.

Resident

Date

Approved By

Date

REASONABLE ACCOMODATION REQUEST VERIFICATION

Date: _____

To: _____
HEALTH CARE PROVIDER'S NAME

From: Bayshore Windmill Village Co-Op Inc. 603 63rd Ave West Bradenton, FL 34207

Re: REQUEST FOR ACCOMODATION

Resident's Name: _____

Address: _____

The resident named above has requested that our community association accommodate his/her disability by *(state nature of accommodation request)*

Under normal circumstances, our policies would require us to deny this request. However, under federal law, if an individual with disabilities requests a reasonable accommodation to that disability, we must consider the request. To do this, we must verify that the individual qualifies as disabled under federal law and requires the accommodation in order to have an equal opportunity to use and enjoy his/her home.

We would appreciate your cooperation in answering the questions on this form and returning it to the address listed above. The resident had consented to this release of information, as shown below.

INFORMATION REQUESTED

1. Is the resident named above disabled as defined below? ____ Yes ____ No
2. In your professional opinion, does the resident named above need the accommodation requested in order to have the same opportunity that a nondisabled individual has to use and enjoy the living quarters? ____ Yes ____ No

DEFINITION OF 'DISABLED'

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

The term 'physical or mental impairment' includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and is currently using illegal drugs, or an alcoholic who poses a direct threat to property or safety because of alcohol use.

NAME AND TITLE OF PERSON SUPPLYING INFORMATION: _____

FIRM/ORGANIZATION: _____

HEALTH CARE PROVIDER'S SIGNATURE: _____

MEDICAL LICENSE NUMBER: *(if physician)* _____ DATE: _____

RELEASE

TO THE RESIDENT:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE COMMUNITY ASSOCIATION OR THE HEALTH CARE PROVIDER IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the community association named above to verify information that is up to five years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

SIGNATURE: _____ DATE: _____