

**% Property Management Services, Inc (PMSI)**  
**PO Box 92130**  
**Anchorage, AK 99509-2130**  
**Tel 907-562-2929 / Email pmsi@gci.net**

**Request for Reasonable Accommodation**

You may utilize this form to request \_\_\_\_\_ provide a reasonable accommodation to you, or any member of your household, who has a disability, so you or a member of your household may utilize your residence or any of the Association's common elements.

For purposes of this form, please refer to the following "Reasonable Accommodation Policy" to determine whether you are a "qualified individual with a disability".

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this and return the form to the Association manager's office (see above).

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name of Applicant/Resident

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

1. I am requesting the following reasonable accommodation(s): \_\_\_\_\_  
\_\_\_\_\_

2. I am requesting the reasonable accommodation(s) on behalf of (name): \_\_\_\_\_  
\_\_\_\_\_

3. My reason(s) for requesting this reasonable accommodation: \_\_\_\_\_  
\_\_\_\_\_

4. A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.