

CONDOMINIUM APARTMENT ASSOCIATION OF THE PALM BEACHES, INC.

NEW OWNER/LEASE CHECK LIST

OWNER NAME:	UNII #:
PROSPECT NAME:	
SERVICE ANIMAL NAME:	
LETTER FROM THE DOCTOR	
SERVICE ANIMAL RULES & REG'S SIGNED	
SERVICE ANIMAL VET RECORDS	
PICTURE OF SERICE ANIMAL	
PALM BEACH REGISTRATION	
Rv.	Date

CORNICHE CONDOMINIUM APARTMENT ASSOCIATION OF THE PALM BEACHES, INC. RULES AND REGULATIONS FOR ASSISTANCE ANIMALS

The following rules apply to residents with assistance animals which have been approved by the Board of Directors of the Corniche Condominium Apartment Association of the Palm Beaches, Inc. ("Association") as an accommodation for a disability-related need under the Fair Housing Act. These rules have been enacted for the sole purpose of ensuring the health, safety, and quiet enjoyment of all our residents.

- 1) Owner/Resident agrees that he will use his best efforts to have his assistance animal urinate and/or defecate only in the grassy common elements and that Owner/Resident will use his best efforts not to have his assistance animal urinate and/or defecate on sidewalks, walkways, elevators, lobby areas, parking lots or on any other non-grassy common elements. Owner/Resident agrees that all excrement and other waste will be immediately picked up and properly disposed of so that no excrement and waste is permitted to remain on the common elements.
- 2) Animals shall always be on a fixed, short leash when on the Condominium property outside of owner/resident's unit.
- 3) All sliding doors and other doors to the unit where the animal resides shall be closed when animal is left unattended in the unit.
- 4) Animal shall not be permitted on unit balcony(s) unattended and shall not be left tethered on the common elements.
- 5) Owner/Resident shall be responsible for the cost of any and all repair of damage to the common elements caused by the animal.
- 6) Owner/Resident is responsible for maintaining the animal in a "flea free" condition and obtaining all appropriate inoculations on a current basis. Further, the Owner/Resident shall properly maintain the animal's living conditions in the unit to prevent an unsanitary condition from developing.
- 7) Owner/Resident shall abide by all local laws regarding animal safety and care. Owner/resident shall, upon request, provide proof to the Association that the animal is properly registered in Palm Beach County and has up-to-date vaccinations as required by Palm Beach County. While on the common elements, all animals shall wear current, county required registration tags securely fastened about the animal's neck by a collar, harness or other substantial device so as to be clearly visible at all times
- 8) Owner/Resident shall comply with the Association's governing documents and rules and regulations as they apply to undue disturbances and nuisances to other residents.

9) No assistance animals are permitted in the pool, except assistance animals needed by the owner/resident to safely use the pool in order to meet the needs of the owner/resident's disability-related needs.
These rules are subject to change and modification at any time by the Board of Directors.
I acknowledge that I have read, understood and agreed to comply with the foregoing. Date:
Owner/Resident Witness

CORNICHE CONDOMINIUM APARTMENT ASSOCIATION OF THE PALM BEACHES, INC. 5200 North Ocean Drive Singer Island, Florida 33404

ASSOCIATION PROCEDURES FOR PROCESSING REQUESTS FOR AN ACCOMMODATION OR MODIFICATION PURSUANT TO THE FAIR HOUSING LAWS

In the event that any current Board Member or managing agent for the Association receives notice of any kind that an owner, approved resident or guest of an owner or approved resident is seeking a reasonable accommodation or modification for a disability, the following procedures must be followed:

- 1) The Board Member or managing agent will immediately forward or communicate the request to the remaining members of the Board of Directors.
- 2) A Board Member or authorized agent for the Association will, within fifteen (15) business days of receipt of the request, provide the requesting person with written approval or a written request for additional information as may be needed in order to determine if the person making the request has a disability and/or whether the person making the request has a disability-related need for the requested accommodation or modification.
- 3) Persons making a request understand that in order to grant an accommodation under the fair housing laws, the person making the request for an accommodation or a modification must be considered disabled under state and federal laws.
- 4) A person will be regarded as having a disability by at least one of the following:
 - An open and obvious disability.
 - Receiving disability social security benefits or the equivalent
 - Substantiation from a credible source (physician or other qualified professional)
- 5) If the disability is open and obvious or if the person receives disability social

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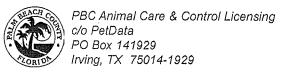
(Effective /14)

security benefits or the equivalent, the Association will not need additional medical documentation, but may request additional documentation to determine whether the requested accommodation or modification is needed for the person's disability, if not readily apparent.

- 6) If the disability of the person making the request for an accommodation or modification is not open and obvious or if the person making the request does not receive disability social security benefits or the equivalent, the Association may need to request additional information regarding the nature of the impairment and how the accommodation or modification is necessary to overcome the impairment or how the requested accommodation will alleviate one or more of the identified symptoms or effects of the person's existing disability.
- 7) In the case of an assistance animal, if approved as an accommodation, the requesting party will be provided with a copy of the Rules and Regulations for Assistance Animals and asked to comply with all leash laws/ordinances and to properly supervise the assistance animal both inside the Unit and on the common elements.
- 8) If the accommodation requires a modification and it is approved by the Association, the requesting party will be notified that it is his/her responsibility to fund the installation, and at all times thereafter, to maintain, repair and replace the modification.
- 9) Any information obtained during this process will be kept confidential by the Board of Directors and/or its managing agent.

Thank you for your cooperation in this matter.

Palm Beach County Animal Care & Control License Renewal



It's Time to Renew Your Pet's License

To purchase your license by mail:

1. Detach bottom portion and return with your payment.

Name

Address

was etchten sam

If you have moved or no longer own one or more $\mathfrak t$ the listed pets, please indicate this next to the pet an return to our office or update your pet's information $\mathfrak t$

- 2. Enclose a current rabies certificate for each pet whose vaccination has expired.
- 3. Enclose proof of spay/neuter for each pet if not already on file.
- 4. Note the owner's date of birth (70+ years) for senior discount.
- 5. Make checks payable to *Palm Beach County Animal Care & Control*. Please do not send cash.

To purchase your license online: Go to www.pbcgov.com/snap. Sign in using your reference number (below). A convenience fee will apply.

To purchase your license in person: At Palm Beach County Animal Care & Control or at participating veterinary clinics. Call or visit our website at www.pbcgov.com/snap for details. Please note: Veterinary offices may charge a handling fee of up to \$5 per renewed tag.

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Pet Name	Ref No.	Color/Breed	Sex	Rabies Expire	License Expire	<u>Fee D</u>	
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	Standard License Fees:	Unaltered Pet	f Required) Proof Requ	\$ 15.0 ired)\$ 11.2	0 5		
	Rabies License Tag expires e	every year and is due to be renewed	d on the anni	versary date of the	rabies vaccination	ı. ·	
Please	e keep this portion for your reco	ords. License will be mailed within 1	0 business d	lays of receipt of pa	ayment and docur	nentation.	
F	or more information, cal	ll toll-free 1-855-223-1678 or	visit our w	vebsite at www.	pbcgov.com/s	пар	
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Rabies Vaccination Certifica		nte Required for Licensing		Total Due By 05		\$15.0	
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PO Box 141929

Irving, TX 75014-1929

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