

**LAKESIDE MANOR CONDOMINIUM ASSOCIATION, INC.  
SUPPORT ANIMAL APPLICATION**

Please return form to:

**Lakeside Manor Condominium Association  
c/o PATHWAY PROPERTIES**

PO Box 181661

Casselberry FL 32718

Office # 407-574-5393 / Fax # 407-369-4800 / email: ksmcrainey@gmail.com

**RESIDENT INFORMATION**

Owner's Name and/or Occupant's Name \_\_\_\_\_

Property Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**REQUEST**

I request approval for the following support animal live in unit # \_\_\_\_\_.

Support Animal - Type of Animal \_\_\_\_\_

Breed \_\_\_\_\_ Name \_\_\_\_\_

Color \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

**Please attach the following:**

**(1) Documentation of your medical professional's order establishing your need for the support animal  
(To be renewed yearly.)**

**(2) A picture of your animal**

**(3) Proof of current County licensing and rabies vaccination for your animal**

**STATEMENT OF UNDERSTANDING**

I understand that my disability exemption applies to the animal listed above and no other animals are approved to occupy my apartment or visit the property. I agree to the following animal restrictions:

- Animal must be in your control at all times whether on a leash or being carried.
- Designated dog walk area is along the fence line facing Lee Rd. Dogs should not be walked in the grassy area along the lakefront or in the courtyard which is for human recreation only.
- I will pick up after my animal and clean up any "accidents".
- I will not allow my animal to make excessive noise or disturb other residents.

**SERVICE ANIMAL ACKNOWLEDGMENT - CRIMINAL PENALTIES**

I acknowledge that I have read the Florida Statute 413.08(9) that states:

**A person who knowingly and willfully misrepresents herself or himself, through conduct or verbal or written notice, as using a service animal and being qualified to use a service animal or as a trainer of a service animal commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083 and must perform 30 hours of community service for an organization that serves individuals with disabilities, or for another entity or organization at the discretion of the court, to be completed in not more than 6 months.**

Residents' Signature \_\_\_\_\_ Date \_\_\_\_\_

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**BOARD OF DIRECTORS**

Date Application Received \_\_\_\_\_ Date Application Reviewed \_\_\_\_\_

Approved \_\_\_\_\_ Additional Terms \_\_\_\_\_

Disapproved \_\_\_\_\_ Disapproval Explanation \_\_\_\_\_

Board Member Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_