| From: | To: |
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| | |
| Date: | |
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| To Wh | nom It May Concern: |
| | I am a person with a disability as defined by the Maine Human Rights Act and/or the |
| Federa | l Fair Housing Act. My disability causes the following symptoms: |
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| | I require a service animal to reduce these symptoms. Therefore, I seek permission to keep |
| a | as a service animal. |
| | I have attached a letter from my health care provider and/or licensed social worker and |
| inform | ation from the Maine Human Rights Commission regarding service animals. |
| | Please respond to my request within ten days of the date of this letter. If I do not hear |
| from y | ou within a week from the date of this letter, I will take that to mean that you are granting |
| the rec | uest. Please note that service animals are not pets and therefore no special fees or deposits |
| can be | charged as a condition of granting my request. Thank you. |
| Sincer | ely, |
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