



TOWN OF LOXAHATCHEE GROVES

RECREATIONAL VEHICLE OCCUPANCY DISABILITY ACCOMMODATION REQUEST FORM

Requestor Name: _____

Address, City, State, Zip Code: _____

Telephone: _____ Email: _____

Is Requestor the individual for whom Accommodation is Requested (Y/N): _____

If not, name the individual for whom Accommodation is Requested: _____

Identify how the Requestor is in a position to know about the individual's disabilities: _____

1. I am requesting a disability accommodation to allow year-round occupancy of a recreational vehicle with an active annual recreational vehicle permit for occupied use at RV Site# _____ at the following address: _____

Is Requestor the owner of the Property where Accommodation is Requested (Y/N): _____

If not, Property Owner's Name: _____

Address: _____

2. The specific functional limitation needing accommodation is (Do NOT reveal the nature or severity of the individual's disabilities):

3. Describe the how this accommodation will assist you. (Please attach additional sheets as necessary):

Certification

Under penalty of perjury, I hereby certify that the individual for whom Accommodation is Requested has a disability, as defined by the Federal Fair Housing Amendments Act (42 U.S.C. 3601, et seq.) and Title II of the Americans with Disabilities Act (42 U.S.C. Section 12131, et seq.), that requires a reasonable accommodation, which will be met by the request in paragraph 1, above. I further certify that the information I have provided in this document is true and correct and that I understand that making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall constitute a misdemeanor of the second degree pursuant to Section 837.06, Florida Statutes.

Signature of Requestor (or Legal Representative)

Date

(Print Name)