



BRAVURA NEWS

A NEWSLETTER FOR THE RESIDENTS OF THE BRAVURA CONDOMINIUM ASSOCIATION

Volume 13 Issue 1

August 2020

BRAVURA I CONDOMINIUM
3201 N. Country Club Drive
Aventura, Florida 33180

BOARD MEMBERS

President: Pamela Abraham
Treasurer Freddie Thompson
Secretary Julia Pizarro
Director Michelle Evans

Property Mgr. Andrea Walters, CAM

IMPORTANT NUMBERS

Main 305-932-9024
Fax 305-932-9486
Email MGR@BravuraCondo.com
Security Cell 786-566-1521
Emergency Contact 786-505-8298

OFFICE HOURS

Monday-Thursday 9 am – 4 pm
Friday 9 am – 3 pm



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Request for Reasonable Accommodation POLICY & PROCEDURE

POLICY

The policy of the Association is to provide reasonable accommodations to disabled or handicapped residents in accordance with state and federal law.

SUBMITTAL OF REQUEST

A disabled or handicapped Resident should provide the following to the Association:

- An identification of the animal by type, breed, name, age, color and size along with a colored photograph of the animal;
- Evidence that all license and inoculations have been obtained;
- Contact information for the veterinarian;
- A completed Request for Reasonable Accommodation application;
- Executed Request for Reasonable Accommodation, Policy and Procedure;
- Executed Acknowledgment of Association’s Rules and Regulations regarding Service Animals and Assistance/Emotional Support Animals;
- Completed Affidavit or other verifiable documentation from treating Physician or other health care provider if the disability is not readily apparent or the disability related need for the animal is not apparent;
- Completed Animal Registration Form.



The completed forms should be hand delivered or mailed to the Association’s management office. The Association will consider all requests for a reasonable accommodation.

All information received by the Association in conjunction with a disabled or handicapped Resident’s request for reasonable accommodation will be kept confidential in compliance with Florida Statute 718.111(12)(c). If any other resident or owner inquires as to why a special accommodation appears to have been made, the Association’s response will be “A Federal Fair Housing Act reasonable accommodation has been granted.” No additional information will be provided regarding the nature of the disability or handicap.

Andrea Walters, CAM, Property Manager
Bravura Condominium Association, Inc.

REQUEST FOR REASONABLE ACCOMMODATION

Name of Resident requesting a Reasonable Accommodation: _____

Unit Address: _____

Daytime Phone Number: _____ Evening Phone Number: _____

I am a person with a disability or handicap as defined by one or more of the following:

1. a physical or mental impairment that substantially limits one or more major life activities;
2. or a record of having such impairment or is regarded as having such impairment.

**If I am not the person with a disability or handicap, the following member of my household has a disability as defined above:

Name: _____

Relationship to you (e.g. child, parent, spouse, etc.): _____

I understand that the information obtained by the Association will be kept completely confidential as required by Chapter 718.111(12)(c) Florida Statutes, and used solely by the Board of Directors and the Association's community association manager to evaluate my request for a reasonable accommodation.

By: _____

Print name: _____ Date: _____

Please return this form, along with all other supporting documentation to the Association's management office as promptly as possible so that the Association can evaluate your request.

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ANIMAL REGISTRATION

Unit Number _____ Resident/Applicant's Name: _____

Animal's Name: _____ Breed: _____

Male Female Color: _____

Size: _____ WEIGHT: _____

Date animal was acquired: _____ Animal tag number: _____

Does the animal have any specialized training and/or certifications?
 YES NO

Is the animal a service animal or assistance/emotional support animal?
 Service Animal Assistance/Emotional Support Animal

Veterinary Name and Contact Number: _____

by: _____

Print Name: _____

Date: _____

REQUIRED INFORMATION:

- Copy of color photograph of animal
- Copy of Veterinarian Certification that all shots inoculations are current
- Copies of animal's training certificates and/or certifications (if applicable but not required)







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Registration Number:
1285911548



Service Animal:
CoCo

Service Provided:
Emotional Support

Handler:
Lasonya Jackson

Breed:
Chihuahua



IN CASE OF EMERGENCY
CALL 911
DO NOT SEPARATE FROM ANIMAL

REASONABLE RULES FOR ASSISTANCE/EMOTIONAL SUPPORT & SERVICE ANIMALS

1. License and Registration of ESA/SA Pet ~~Animal~~

- a) Residents will properly license the animal
- b) Ensure the animal receives shots **each year** as required by the law, statute, ordinance, and rule.
- c) The animal will **display license and other tags** required by law, statute, ordinance, and rule.
- d) **Legible duplicates of governmental permits and certificates**, veterinary receipts or reports, showing compliance with these provisions shall be delivered to the Association annually and up-to-date originals to be kept for duplication by the Association upon reasonable request.



2. Reasonable Accommodation

- a) The animal will be kept inside the Unit, not exiting except when the animal is walked or when necessary for the animal to be transported from the community, and then the animal will be kept on a leash.
- b) Leash length is no greater than eight feet (8 ft) or the animal is kept in a closed carrier.
- c) The leash shall be held by a responsible person who is capable of, and actually in physical control of the animal, and
- d) The animal will not be permitted to rush, charge or otherwise assault any person.

3. The animal's feces must be picked up, sealed, and disposed of with the ~~Unit's garbage (Main Trash Room)~~.

- a) The animal is not permitted to defecate **anywhere** on the Condominium property ~~except on grassy~~

~~areas or within the bushes.~~ **ONLY IN THE SWALE BETWEEN THE WALKWAY AND N. COUNTRY CLUB DRIVE.**

- b) Owner and Occupant are responsible to immediately clean up any defecation on the Condominium property including the removal of any odors.
 - c) The animal must not urinate on any Condominium property and if the animal urinates on condominium property, the resident must clean up the urine except if the animal **urinates** on the grass where it is impossible to clean same up.
4. Noise Nuisance which includes, but is not limited to: barking, biting, aggressive behavior, attacking-
- a) The animal shall not bark or otherwise create noise, which is heard outside the Unit in such a manner that unreasonably disturbs other residents and their guests.
5. Failure to comply with any of these requirements may be grounds to withdraw approval of the animal.
6. Additionally, the approval of the animal may be withdrawn if the requesting party is no longer disabled or handicapped.

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Acknowledgment of Association's RULES & REGULATIONS Regarding Service Animals & Support Animals

I have received and read a copy of the Request for Reasonable Accommodation Policy and Procedure for disabled or handicapped Resident to request reasonable accommodation. I agree to abide by the Regulations, as same may be amended from time to time. I bear full responsibility for the service animal or emotional support/assistance animal.

I understand that: the Association reserves the right, subject to Florida and Federal law, to withdraw this approval at any time and have the animal permanently removed from the Association should the emotional support/assistance animal or service animal become a nuisance to others, which includes, but is not limited to:

1. Barking, biting, aggressive behavior, attacking,
2. Pet owner's failure to properly dispose of excrement or waste,
3. Failure to comply with all state and local ordinances and statutes, not maintaining the animal on a leash at all times when outside of the unit,
4. Failure to maintain current and annual vaccination, immunizations and veterinarian records for the animal.
5. Failure to comply with any of these requirements may be grounds to withdraw approval of the animal.
6. Additionally, the approval of the animal may be withdrawn if the requesting party is no longer disabled or handicapped. Further, the applicant/Resident is required to provide updated medical information concerning his or her disability or handicap (if the disabled or handicap is not permanent). Owner is solely responsible for any and all damage caused by the animal, whether to person or property

REQUESTING PARTY'S SIGNATURE

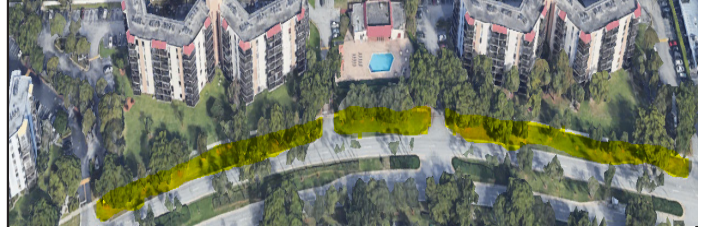
By: _____

Print name: _____

Date: _____

ESA-SA Designated Walking Path Along N. Country Club Drive (the swale)

Highlighted in Yellow



ESA-SA Animals are only allowed to be walked along the Swale between the walkway and the east bound lane of N. Country Club Drive. The City has provided waste stations with bags and bins for your convenience.

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Affidavit of Treating Physician/Health Care Provider

BEFORE ME, the undersigned authority, personally appeared _____
who, being duly sworn, deposes, and says:

- 1. My name is _____.
- 2. I am licensed by the State of _____ with full privileges to practice (state your field, such as "medicine"):
_____.
- 3. My practice specialty is _____.
- 4. My office is located at _____
_____ and my office telephone number is _____.



- 5. My Patient's name is _____ and I am his/her (state your relationship with the Patient, such as "treating physician") _____.
- 6. On or about (date) _____, I diagnosed my Patient within a reasonable degree of medical certainty, as suffering from a physical and/or mental disability or handicap.
- 7. Within a reasonable degree of medical certainty, I estimate that my Patient's Handicap began on or about: (date) _____ and will continue until _____.
- 8. Within a reasonable degree of medical certainty, I have concluded that my Patient's Handicap substantially limits his/her major life activities as follows: _____
_____ and a

service animal assistance or emotional support animal will be able to ameliorate the effects of the disability by:

- 9. The emotional support animal/service animal/reasonable accommodation is medically necessary and will assist Patient in: _____
- 10. It is my medical opinion that Patient is handicapped as the term is defined under the Fair Housing Act and Florida Fair Housing Act and the animal is medically necessary to afford Patient an equal opportunity to use and enjoy the unit/home.
- 11. This affidavit is made to induce the Board of Directors of Bravura I Condominium Association, Inc. ("Association") to make substantial and material alterations to the Association's pet restrictions based upon a Handicap substantially limiting one or more major life activities, which does not include current, illegal use or addiction to a controlled substance.

Sign Name: _____ Print Name: _____
STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
by _____ who is [] personally known to me or [] who has produced _____
_____ as identification and who did take an oath that the matters contained therein were true and correct.

Signature: _____ Notary Seal
Print Name: _____
Notary Public, State of _____
My commission expires: _____