

Emotional Support Animal Application

Montana State University Billings Housing and Residential Life

PLEASE COMPLETE THIS FORM TO REQUEST AN ACCOMMODATION. IF YOU REQUIRE ASSISTANCE COMPLETING THIS FORM, OR WISH TO MAKE THE REQUEST ORALLY, PLEASE CONTACT DISABILITY SUPPORT SERVICES AT (406) 657-2283.

NAME OF RESIDENT: _____

RESIDENCE HALL/FAMILY HOUSING ADDRESS: _____

TELEPHONE NUMBER: _____

1.

a. What work or task does the animal perform?