

Notice of Additional Assistance in an Evacuation Situation
(for: Voluntary Tenants Contact List)

In order to ensure your safety during an emergency situation in your building, we are asking your cooperation in filling out the information requested below **only for any persons residing in your unit who would require special assistance in an evacuation.**

All information received will be kept confidential and will enable us to be of assistance in the event of any emergency (i.e. fire).

Please return the completed form to the superintendent or office as soon as possible.

DETACH BELOW AND RETURN

Person Requiring Assistance – (Information will remain confidential and used only in the event of an emergency)

PLEASE PRINT

Suite/Unit No: _____ Building Address: _____

Person's Name: _____

Phone No (in above Suite or Unit): _____

Particulars of any handicap or medical problems that would cause person named above to require assistance in an emergency situation (i.e. difficulty walking).

Person to contact for further information or in the event of an emergency:

Name: _____ Phone #: _____