



## SPECIAL ASSISTANCE IN AN EVACUATION

Dear Residents;

In order to ensure your safety during an emergency situation in your building, we are asking your co-operation in filling out the information requested below about 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 an emergency (i.e. fire).

Please return the completed form in hard copy to the Property Management Office as soon as possible.

***PLEASE PRINT***

NAME(S) of RESIDENT(S) REQUIRING ASSISTANCE:

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ADDRESS: \_\_\_\_\_ Suite or Town House No: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

Please describe the particulars of any handicap or medical problems concerning yourself or a family member that would result in their requiring assistance in an emergency situation (e.g., difficulty walking, vision problems).

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Date Submitted: \_\_\_\_\_

Signature: \_\_\_\_\_