

## RESIDENTS REQUIRING ADDITIONAL ASSISTANCE

The Fire Department requires that the Corporation have readily available a list of residents requiring additional assistance to evacuate the building in the event of an emergency. This list enables Fire Fighters to attend to special needs people without delay.

It is crucial to keep this list accurate and up-to-date. Therefore, if there are any occupants within your suite requiring additional assistance, please provide the nature of the disability below and return this information to the Management Office.

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

Suite Number: \_\_\_\_\_ Building Address: \_\_\_\_\_ Dundas Street West

Name of Person with Disability/Health Condition: \_\_\_\_\_

Phone Number of Person with Disability/Health Condition: \_\_\_\_\_

Nature of Disability/Health Condition: \_\_\_\_\_

### **Special Instructions**

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