
Persons Requiring Assistance Form

Dear Resident,

As required in our Fire Safety Plan and in order to ensure the safety of all residents during any emergency in the building, we are asking for your cooperation.

If you have any person residing in your suite who requires special assistance during evacuation or any emergency, please complete the form below and submit to your Building Manager as soon as possible.

All information received is kept in strict confidence and used only by authorized persons in case of an emergency.

First Name

Last Name

Building Name

Suite Number

Telephone Number

Details of Assistance Requirements

Please include particulars of any handicap or medical problem concerning yourself and/or family member that would require assistance in case of an emergency. (Example: difficulty walking, special breathing, heart problems, hearing problems, bedridden, etc.)
