

Resident Requiring Assistance

In order to ensure the safety of all residents during an emergency in the building, we are asking for your cooperation. If you or any person residing in your suite would require special assistance during an evacuation or other emergency, please complete the form below and submit to your Resident Services Coordinator as soon as possible. All information received is kept in strict confidence and used only by Horizon staff and emergency first responders.

| | | | |
|-------------------|-------|----------------------|-------|
| First Name | _____ | Last Name | _____ |
| Building | _____ | Unit | _____ |
| Phone # | _____ | Email Address | _____ |

Details of Assistance Required:

Please include details concerning yourself or others residing in your unit that would require assistance in case of an emergency. (example: difficulty walking, special medical equipment, difficulty breathing, heart problems, hearing problems, bedridden, etc.)

Date Completed: _____

Added to Persons Requiring Assistance in fire binder: Yes No