



**SPECIAL ASSISTANCE INFORMATION FORM**

*Please Complete and Return this Form to Property Management as soon as possible.*

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_

UNIT/SUITE #: \_\_\_\_\_

**As required in the condominium corporation's Fire Safety Plan**, and in order to ensure the safety of all residents during any emergency in the Building or at this Site, we are asking for your co-operation.

If you have any person residing in your unit/suite who would require special assistance during evacuation or any emergency, please fill in the information on this form below. All information received is kept in strict confidence and used only by authorized persons in case of an emergency.

**Brief description** (i.e. difficulty walking, special breathing apparatus, bedridden, sprains/fractures, hearing/visually impaired). **Please print.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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