



## PERSON REQUIRING SPECIAL ASSISTANCE INFORMATION FORM

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The fire department mandates that an up-to-date list of residents is maintained, who require special assistance in an evacuation. Please provide the information requested below 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 cooperation.

If you have any person residing in your suite/unit who would require special assistance during evacuation or any emergency, please fill in the information on this form below.

All the 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 : \_\_\_\_\_ Signature: \_\_\_\_\_

Please complete the information above and return this form to Management Office in person or via the concierge desk or by email [shanta.sapkota@melbournepm.ca](mailto:shanta.sapkota@melbournepm.ca).