



## SPECIAL ASSISTANCE INFORMATION FORM

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

**Suite Number:** \_\_\_\_\_

**Resident's Name** (print): \_\_\_\_\_ **Telephone:**(     ) \_\_\_\_\_

As required in the 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 your co-operation.

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

*All information received is kept in strict confidence and used only in case of emergency by the Corporation, its directors, agents, superintendents, security staff, and the Fire Department and other public or private emergency responders.*

Brief description (e.g. difficulty walking, special breathing apparatus, bedridden, sprains/ fractures, hearing or visually impaired or other disabilities) should be noted below:

Please print:

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Do you use a service animal: Yes \_\_\_\_\_ No \_\_\_\_\_

It is understood and agreed that the Corporation and authorized persons do not assume any legal obligation or liability to the undersigned and /or persons requiring special assistance.

Resident's Name (print): \_\_\_\_\_

Resident's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_