

**Telephone:** 416-366-4026**Email:** empirequayhouse.on@fsresidential.com**NOTICE FOR PERSONS REQUIRING ASSISTANCE**

Dear Occupant,

In order to ensure the safety of all occupants during an emergency situation, we are asking for your co-operation in providing the following information. Please indicate if you require assistance in the event an evacuation of the building becomes necessary.

The information received will be treated as confidential and only given to emergency personnel upon their arrival at the building.

Please return the completed form to the Property Manager.

NAME: _____

ADDRESS: 162 Queens Quay St. E., Toronto Ontario ; Suite No: _____

TELEPHONE: _____

ALTERNATE TELEPHONE NO: _____

REASON ASSISTANCE IS REQUIRED: _____

Date Submitted: _____, ____.

Signature _____

NOTE: This form is to be completed only by residents who have a disability and may require assistance in case of a building emergency requiring evacuation.