PERSONS REQUIRING ASSISTANCE INFORMATION FORM

Please complete and return this form to Property Management via e-mail at sugarwharfwest@menres.com as soon as possible.

Name:		**Telephone:**	
Address:			
Unit/Suite Number:			

As required in the condominium corporation's Fire Safety Plan and as per the Ontario Fire Code Section 2.8 Subsection 2.8.2.1, in order to ensure the safety of all residents during any emergency in the Building or at this Site, we ask for your co-operation.

If you have any person residing in your unit/suite who would require special assistance during evacuation or any emergency, this includes temporary or permanent disabilities, 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).

Date:

EMERGENCY INFORMATION	
Name:	**Relationship:**
Home Ph. No.:	**Cell Ph. No.:**