



INDIVIDUALS REQUIRING SPECIAL ASSISTANCE INFORMATION FORM

Please Complete and Return this Form to Property Management as Soon as Possible

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, to ensure the safety of all residents during any emergency in the Building, 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.

Please provide the reason for assistance (i.e. difficulty walking, special breathing apparatus, bedridden, sprains/fractures, hearing/visually impaired).

PLEASE TYPE BELOW

Unit /Suite #	
Address:	
Telephone/Cell #	

1.	Name:	
	Reason Assistance is Required:	
2.	Name:	
	Reason Assistance is Required:	
3.	Name:	
	Reason Assistance is Required:	
4.	Name:	
	Reason Assistance is Required:	