

PERSONS REQUIRING ASSISTANCE

Please complete and return to Building Manager.

Please be advised that the Fire Department requires us to have a list of residents that might require assistance in the case of an emergency situation in the building.

Date: _____

Name: _____

Phone Number: _____ Email: _____

Suite Number: _____ at 755 Caledonia Avenue, Victoria, BC, V8T 0C2

Please indicate any persons requiring assistance in an emergency situation.
We will add this person to our list which will be placed in the Fire Alarm Panel for the Fire Department.

PERSON REQUIRING ASSISTANCE

Name: _____

Disability: _____

Does this person have trouble walking down stairs? Yes No

PERSON REQUIRING ASSISTANCE

Name: _____

Disability: _____

Does this person have trouble walking down stairs? Yes No

(signature)

(print name)