



L A N G A R A
G A R D E N S
.....

ALARM: Yes No

PERSONS REQUIRING ASSISTANCE

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 #: _____ Address: _____

Please indicate any resident 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 the stairs? Yes No

PERSON REQUIRING ASSISTANCE:

Name: _____

Disability: _____

Does this person have trouble walking down the stairs? Yes No

PERSON REQUIRING ASSISTANCE:

Name: _____

Disability: _____

Does this person have trouble walking down the stairs? Yes No

Signature

Print Name