



PERSONS REQUIRING ASSISTANCE

Please complete and mail or fax to PETERSON RESIDENTIAL.

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 _____

City: _____ Strata Lot: _____ Strata Plan: _____

Check one

You are the: Owner Tenant

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)