

**PEOPLE WHO MAY NEED ASSISTANCE UPDATE FORM**

Please provide the name(s) and location(s) of any person working in your suite that may be unable to evacuate the area via stairwell in the event of an emergency.

Complete this form as needed and send it to the Building Management Office.

**DATE:** \_\_\_\_\_

**TENANT:** \_\_\_\_\_ **FLOOR/SUITE #** \_\_\_\_\_

| <b>NAME</b> | <b>FLOOR/ROOM #</b> | <b>ASSISTANCE MONITORS</b> |
|-------------|---------------------|----------------------------|
|-------------|---------------------|----------------------------|

---

---

---

THIS LIST IS KEPT IN BUILDING MANAGEMENT OFFICE. This list is not made available to the general public. But since it is accessible, we cannot guarantee total privacy. The purpose of this information is for emergency use only; any abuse of this is cause for disciplinary action.

**NOTE: This form may be duplicated.**