



Metropolitan Toronto Condominium Corporation No. 979

RESIDENT INFORMATION FORM
(IN CASE OF EMERGENCY)

Dear Resident:

In order to ensure your safety during an emergency situation, we are asking your cooperation in providing the following information. Please indicate any person(s) residing in the suite requiring assistance due to reduced vision, mobility, etc. in the event that an evacuation of the building becomes necessary.

The information received will be made available to the fire Department Emergency Personnel as part of the building Fire Safety Plan.

Please return the completed form to the Management Office by November 15,2007.

In addition, if your circumstances change, please notify the Management Office Immediately.

Thank you for your anticipated cooperation.

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The following residents require assistance:

Name: _____

Reason Assistance is Required: _____

Name: _____

Reason Assistance is Required: _____

Name: _____

Reason Assistance is Required: _____

Suite Number: _____

Date: _____