



TENANTS REQUIRING ASSISTANCE IN AN EMERGENCY

This information pertains to anyone in your company who is physically disabled and/or currently under temporary disability, who will require additional assistance in the event of a building emergency, during normal business hours.

If such an emergency should occur, those with disabilities must proceed/be assisted, to their assigned fire towers to await further instructions. If a decision is made to evacuate the building, Fire Department personnel will use the information you provide to assist all disabled individuals down the fire tower and out of the building.

Please provide us with the information requested to the attached sheet regarding any disabled persons you may have in your organization, and return it to the Office of the Management to:

cryan@coretrustmanagement.com

COMPANY NAME: _____

EMPLOYEE NAME	FLOOR NUMBER	AREA (NORTH/SOUTH/EAST/WEST)

COMPLETED BY: _____

TITLE: _____ **DATE:** _____

**Please note that this information will be kept CONFIDENTIAL and will ONLY be provided to Public Safety Personnel*