

[illegible]

Unit # _____

Pets (Name)	Type (cat/dog/ etc)	Colouring (description)	Age

Vehicle Colour	Make	Model	License Plate #

Emergency Information

Does anyone in your unit need assistance leaving your unit in case of an emergency?

YES _____ NO _____ Details _____

Does anyone in your unit have hearing problems that prevent them from hearing a smoke alarm?

YES _____ NO _____ Details _____

Does anyone in your unit have visual problems that would prevent them from leaving your unit in an emergency?

YES _____ NO _____ Details _____

Does anyone in your unit use oxygen or other breathing equipment?

YES _____ NO _____ Name _____

Are there any other accommodation requests we should be aware of? _____

It is important to keep the office up to date on any changes to the information contained in these forms.

Signature of Member (s) _____

Date _____