

621-633 17th STREET

MOBILITY IMPAIRED INDIVIDUALS

Please provide the following information regarding individuals in your office who will require special assistance in case of an emergency.

Tenant Company Name _____

Self-Identified Person(s) Requiring Special Assistance with the Type of Assistance Required

Employee: _____ Normal Location: _____
Type of Assistance Required: _____
Assigned Evacuation Assistants: _____

Employee: _____ Normal Location: _____
Type of Assistance Required: _____
Assigned Evacuation Assistants: _____

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Please return this form to Matt Watson at matt.watson@621-633.com or fax at 720.550.5780.

