



**Markham Glen**

**YORK CONDOMINIUM CORPORATION NO. 41**

**EMERGENCY ASSISTANCE FORM**

ADDRESS OF UNIT:

Unit: # \_\_\_\_\_, 180 Markham Road Scarborough Ontario M1M2Z9

In order to ensure your safety during an emergency situation in our building, we are asking for your cooperation in filing out the information requested below on any person(s) residing in your unit who would require special assistance in an evacuation.

All information will be kept confidential and will enable us to be of assistance in the event of an emergency (i.e. fire)

Special Assistance Required for \_\_\_\_\_ (Name, Please Print)

Particulars of any handicap or medical problem concerning any person(s) residing in your unit who would require special assistance in an evacuation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Dated At, \_\_\_\_\_ this \_\_\_\_\_ day of 20\_\_\_\_\_  
Month Day Year