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REQUEST FOR EVACUATION ASSISTANCE

People with mobility impairment may need additional assistance during an emergency evacuation. Impairments may present in different forms and may be temporary (a strained ankle), short term (seasonal bronchitis) or long term (quadriplegic). Special attention may also need to be given to young children.

This form is for individuals that wish to self-identify his or her need for assistance during an emergency evacuation. By providing this information the Fire Department, the best evacuation option(s) can be determined and planned for you. The information you provide to us is confidential and will be given to those designated by the Emergency Evacuation Plan and emergency personnel.

DATE OF REQUEST SUBMISSION: _____

PLEASE PRINT:

Unit # _____ Telephone number # _____

Name: _____

Impairment: Temporary Seasonal Long Term

Description of Anticipated Assistance Requested:

Describe any equipment or special procedure necessary to meet your safety needs:

Additional Comments:

