

SPECIAL ASSISTANCE

Please provide the office with a current list of employees who may require assistance by the Fire Department and/or emergency response teams during a time of crisis or using the emergency stairs in the event of a loss in elevator service. This list should include those individuals who may be permanently challenged or confined to a wheelchair. It should also include those persons who, while otherwise mobile, may have trouble descending the stairs due to physical conditions such as heart disease or arthritis. Finally, do not forget to keep this list current with the Building Office for those times when people in your office may include people with temporary conditions such as broken bones, pregnancies, etc.

NAME OF PERSON(S) THAT MAY NEED SPECIAL ASSISTANCE IN THE EVENT OF AN EMERGENCY, DUE TO A HANDICAP OR MEDICAL CONDITION:

NAME: _____ FLOOR: _____

NAME: _____ FLOOR: _____

NAME: _____ FLOOR: _____

Tenant Authorized Signatures

Blue building passes are required to remove boxes, equipment, and any bulky items from the building at all times. The passes must have an authorized tenant signature, at which we request you keep to a minimum. Please provide a list of Facilities Managers/employees, and their signatures, who are authorized to sign building passes. If you have your own security passes, please submit a sample with the completed information below.

TENANT NAME: _____ Floor(s): _____

PRINT NAME: _____ SIGNATURE: _____

PRINT NAME: _____ SIGNATURE: _____

PRINT NAME: _____ SIGNATURE: _____

PRINT NAME: _____ SIGNATURE: _____

PRINT NAME: _____ SIGNATURE: _____