

\_\_\_\_\_ Condominium Corporation No. \_\_\_\_\_  
Address: \_\_\_\_\_

**Evacuation Assistance Request**

The information submitted and contained herein is kept confidential and is for the purpose of the records of \_\_\_\_\_ Condominium Corporation No. \_\_\_\_\_, the \_\_\_\_\_ Fire Department, and other emergency personnel only. If your need for assistance changes, please advise your Property Manager immediately.

You must fill out either Part I or Part II of this form and return it via mail, fax, or hand delivery to:

M.F. Property Management Ltd.  
373 Woolwich Street  
Guelph, ON N1H 3W4  
fax: 519-824-8836

7 Roseview Ave.  
Cambridge, ON N1R 4A5  
fax: 519-629-0261

214 Queen Street South, Unit 16  
Kitchener, ON N2G 1W3  
fax: 519-772-1053

unit: \_\_\_\_\_ date: \_\_\_\_\_  
name(s): \_\_\_\_\_  
telephone: \_\_\_\_\_

**Part I**

\_\_\_\_\_ I/We will need assistance in the event that the building/property has to be evacuated.

I/We need help because of:

\_\_\_\_\_ illness (please describe briefly):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ age  
\_\_\_\_\_ physical disability (please describe briefly):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ other (please describe briefly):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ We have oxygen canisters present in our unit.

**Part II**

\_\_\_\_\_ I/We do not need assistance in the event that the building/property has to be evacuated.