

\_\_\_\_\_ Condominium Corporation No. \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, ON  
Address City

**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 local 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, email or hand delivery to:

MF Property Management Ltd.  
28 Bett Court  
Guelph, ON N1C 0A5  
Email: mfprop@mfproperty.com

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.

\_\_\_\_\_  
*signature of owner*

\_\_\_\_\_  
*signature of owner*