



REGION CONDOMINIUM CORPORATION NO. ###

Address, City, ON Postal Code

EMERGENCY ASSISTANCE REQUIRED

In order to ensure the health and safety of all residents in the event of an emergency situation in your building, we require your co-operation in filling out the information requested below on any persons residing in your unit who would require special assistance in the event of an emergency. Completed forms should be returned to the Management office by email: mail@tagmanagement.ca, by fax: 905-333-0613, or by mail: 4-1080 Clay Avenue, Burlington, ON L7L 0A1.

The information on this form shall be used by Emergency Services only in the event of an emergency where the resident, due to physical and/or mental limitations and/or medical conditions may require assistance. It is recognized that the information provided on this form may include private and confidential information and the Board of Directors, TAG MANAGEMENT and Emergency Services will take all reasonable precautions to ensure the security and confidentiality of the information provided.

For clarification purposes, we ask that a **separate form is provided for each person requiring assistance.**

Suite: _____ Name: _____ Phone: _____

Mobility Aides Used (if applicable): Cane/Crutches Walker Wheel Chair

Medical Aides Used (if applicable): Oxygen Therapy Other _____

Other Medical Condition likely to cause anxiety, confusion or disorientation during an emergency Yes No

Is there any other information that you feel Emergency Services should be aware of in the case of an Emergency situation? If so, please provide details:

It is the resident's responsibility to notify the Property Manager immediately if there is any change in the information or the assistance required.

Thank you for your co-operation.

TAG MANAGEMENT

For and on behalf of your Board of Directors
Region Condominium Corporation No. ###

2021-10-21