



*May Tower II*

## Non Ambulatory Form

In the event there is a building **emergency involving the Fire Department** and you require special assistance to evacuate the building, please complete this form and return it the Management Office without delay.

Address: 11 Lee Centre Drive

Suite: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Name (s) of Resident(s) Needing Assistance:**

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Beside the person's name, please specify the reason assistance is needed, i.e., asthmatic, heart problems, wheelchair dependent, hearing impaired, sight impaired, etc.

**Emergency Contact Person Name & Telephone:**

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