

**DISABLED PERSONS REQUIRING ASSISTANCE
PARK PLACE CONDOMINIUM
CONDOMINIUM PLAN #8110442**

IN ORDER TO ENSURE YOUR SAFETY DURING AN EMERGENCY SITUATION, WE ARE ASKING YOUR CO-OPERATION IN PROVIDING THE FOLLOWING INFORMATION. PLEASE INDICATE ANY PERSON(S) RESIDING IN YOUR SUITE REQUIRING ASSISTANCE IN THE EVENT OF AN EVACUATION OF THE BUILDING BECOMES NECESSARY.

THE INFORMATION WILL BE KEPT IN THE FIRE SAFETY/EVACUATION PLAN FOR USE BY EMERGENCY PERSONNEL UPON ARRIVAL AT THE BUILDING.

OCCUPANTS MUST ENSURE THAT THIS INFORMATION IS UP TO DATE AND ADVISE ULTIMATE PROPERTY MANAGEMENT OF ANY CHANGES.

FOR UNIT # _____

RESIDENT(S)

NAME(S) _____

PHONE # _____

Do you currently use Home Care services? ___ If so, who? _____

ARE YOU: HEARING IMPAIRED? _____ VISION IMPAIRED? _____

MOBILITY IMPAIRED? _____ USE OXYGEN? _____

REASON ASSISTANCE REQUIRED

Please return the completed form to: Ultimate Property Management
106-811 Manning Road NE
Calgary, AB T2E7L4
Fax: 403-235-3007
Email: judy.walker@ultimateproperty.ca

**PLEASE ENSURE THE BOARD HAS A KEY FOR YOUR UNIT IN
CASE OF EMERGENCY.**

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**If you HAVE A PET and would require assistance in
the event of an evacuation of the building, please fill
out the form below.**

Pet's Name	
Owner's Name	
Suite #	
Telephone #	
Reason Assistance Required	
Comments	

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