



DISABILITY ASSISTANCE REQUEST
IN CASE OF EMERGENCY

830 Scotland Avenue
Winnipeg, MB R3M 1X7
Ph: (204) 489-9510
Fax: (204) 975-1540

NAME: _____

ADDRESS: _____

In an effort to assist emergency response personnel to identify any residents who may require assistance in the event of an emergency, the following information will be made accessible to the Fire Department as part of BRYDGES PROPERTY MANAGEMENT Fire Safety Plan.

Please complete this form and return to BRYDGES PROPERTY MANAGEMENT office if you wish to be included on the list of residents who may need assistance.

PLEASE CHECK ALL OPTIONS THAT APPLY TO YOU:

- Mobility impaired
- Hearing impaired
- Visually impaired
- Heart/Respiratory Condition
- Other (describe briefly): _____

