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## **Evacuation Assistance Request**

The information submitted and contained herein is kept confidential and is for the purpose of the records of the Corporation, the local fire department, and other emergency personnel only.

Corporation: \_\_\_\_\_ Unit: \_\_\_\_\_ Date: \_\_\_\_\_  
(eg: MTCC 1234)

Name(s): \_\_\_\_\_

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

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I/We need assistance in the event that the building has to be evacuated.

Yes  No

**If you checked 'yes', please complete the below information:**

I/We need help because:

Illness: \_\_\_\_\_

Age: \_\_\_\_\_

Physical Disability: \_\_\_\_\_

Other: \_\_\_\_\_

We have oxygen canisters in our unit: Yes  No

Please return this completed form to CIE Property Management & Consulting Inc. by email at [info@teamcie.ca](mailto:info@teamcie.ca) or by mail to: 1-192 Main Street East, Milton, Ontario, L9T 1N8.