

## HALTON STANDARD CONDOMINIUM CORPORATION NO. 628

1005, 1025, 1045 Nadalin Heights, Milton, ON

## 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, 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**. If you require any additional forms you can contact our office or find them on your corporation's website. www.hscc628.ca

Suite:	Phone	<b>:</b>			
Mobility Aides U	Used (if applicable):	[ ] Cane/Crutches	[ ] Walker	[ ] Wheel Chair	
Medical Aides U	sed (if applicable):	[ ] Oxygen Therap	y [ ] Other		
Other Medical C	ondition likely to ca	use anxiety, confusion	on or disorienta	tion during an emergency	[ ]Yes [ ]No
	ner information thation? If so, please p	•	ncy Services si	hould be aware of in the	he case of an

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 Halton Standard Condominium Corporation No. 628