

EMERGENCY RESIDENT ASSISTANCE

Market Street @ Town Center Condominiums accepts no responsibility for the removal of persons from their unit, for any reason whether disabled or not. This information, if accessible, may be provided to responding emergency rescue officials.

NAME _____

ADDRESS _____

NAME OF PERSON NEEDING ASSISTANCE

IMPAIRMENT: Check all that apply

- Elderly
- Blind
- Hearing Impaired
- Disabled, describe _____
- Other, describe _____

SPECIAL ASSISTANCE REQUIRED _____

EMERGENCY CONTACT AND PHONE NUMBER

CONTACT NAME _____

DAY NUMBER _____

CELL NUMBER _____

EVENING NUMBER _____

Situations change from time to time. If the information you provided changes at any time, please notify the office.

Please complete a separate form for each household member that may require Special Assistance.