



484 Church St., Suite 115, Toronto, Ontario M4Y 2C7, Tel. (416) 924-6294, Fax 944-1518

To All City Park Co-op Members and Residents

Your assistance is required to help us update our **confidential** list of Residents Requiring Assistance in case of an Emergency Occurrence.

If at any time in the case of a Building Emergency you would require assistance, please complete the following and return it to the Management Office.

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Yes, I would require assistance in the event of a Building Emergency.

Name _____

Building and Apartment number _____

Number of persons in occupancy _____

Children: Yes _____ No

Reason for requiring assistance. (Mobility difficulty, sight or hearing impaired etc.)

My apartment has a private lock. Yes No

I authorize entry into my apartment for the purpose of personal assistance in case of an emergency.

Signed _____

Date _____

To be retained in Member's file