



## VISITOR EMERGENCY ASSISTANCE REQUEST FORM

Our Agency endeavours to ensure the physical safety of its employees and visitors. We ask visitors with disabilities requiring instruction or assistance during an emergency situation to use this form to provide us with necessary information. This information will be provided to members of the Corporate Services Management Team to aid their response in the event of an emergency situation.

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

Purpose of attendance at building: \_\_\_\_\_

\_\_\_\_\_

Usual area of building accessed (i.e. family visit area, meeting room, etc.):

\_\_\_\_\_

Nature of assistance required (including any equipment, device or personal support):

\_\_\_\_\_

\_\_\_\_\_

If you are in the building regularly, please indicate when and for what duration:

\_\_\_\_\_

Date information provided: \_\_\_\_\_

Valid Until: \_\_\_\_\_

Signature: \_\_\_\_\_

*Distribution: Human Resources, Reception*