

## DISABILITY LIST

In case of an emergency, please supply a list of all physically disabled individuals.

DATE: \_\_\_\_\_

TENANT: \_\_\_\_\_

|    | Name | Tenant | Location |
|----|------|--------|----------|
| 1  |      |        |          |
| 2  |      |        |          |
| 3  |      |        |          |
| 4  |      |        |          |
| 5  |      |        |          |
| 6  |      |        |          |
| 7  |      |        |          |
| 8  |      |        |          |
| 9  |      |        |          |
| 10 |      |        |          |

**Note: Please update this list when needed and return to the Building Management Office**