

**343 SANSOME STREET
EMERGENCY RELOCATION ASSISTANCE FORM**

Date: _____

Tenant Information

Company Name: _____

Floor(s): _____

Primary Contact: _____

Phone Number: _____

Employee Information

Please list the name, location and phone number of individuals who are mobility impaired that may require assistance during an emergency. This includes individuals with permanent disabilities or temporary disabilities such as persons with a broken leg or pregnant. Please also indicate the type of disability and a Relocation Aid. A Relocation Aid is a co-worker that has been requested by the individual to assist them during an emergency.

<u>Employee Name</u>	<u>Location on Floor</u>	<u>Phone Number</u>	<u>Type of Disability</u>	<u>Relocation Aid</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____