

THE ESPLANADE

Physically Impaired Individuals

Please provide the following information regarding individuals in your office who will require special assistance in case of an emergency.

Tenant Company Name: _____

<u>Suite #</u>	<u>Individual</u>	<u>Assigned Assistants</u>	<u>Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please email completed form to oklever@lbarealty.com or rlinton@lbarealty.com.