PNAP Programs

PERSON REQUIRING SPECIAL ASSISTANCE IN CASE OF EVACUATION FORM (VOLUNTARY REGISTRATION)

Identification **(Person needing help)**

Name: _____ First name: _____

Adress: _____ App.: _____

Town: _____ Phone: _____

Principal residence: Yes ☐ No ☐ If not, specify: _____

Identification

		Notes
➢ Intellectual	☐	_____
➢ Hearing impaired	☐	_____
➢ Blind	☐	_____
➢ Disabled person	☐	_____
➢ Elderly person with motor problems	☐	_____
➢ Autre	☐	_____

Location of the bedroom of the person who need assistance:

		Details:
➢ Basement	☐	_____
➢ 1st floor	☐	_____
➢ 2nd floor	☐	_____
➢ 3rd floor	☐	_____

Autorization

I authorize the Régie incendie Memphrémagog Est to exchange the information contained in this form with the 9-1-1 emergency call centre and I release the Régie incendie Memphrémagog Est from all responsibility in connection with this program.

_____ _____

Signature Date

PLEASE RETURN THIS FORM BY EMAIL OR MAIL AS INDICATED BELOW.

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