



PNAP PROGRAM

PERSON REQUIRING SPECIAL ASSISTANCE (evacuation) FORM (VOLUNTARY REGISTRATION)

Identity of the person (requiring special assistance)

Family name: _____ First name: _____

Address: _____ Apt: _____

Municipality: _____ Telephone: _____

Identification

- Intellectual
- Hard of hearing
- Visually impaired
- Disabled person
- Elderly with mobility problems
- Other

Specify if necessary

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Location of the room of the person requiring special assistance in the event of an evacuation:

Details:

- Basement
- 1st level
- 2nd level
- 3rd level

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Authorization

I authorize the *Régie incendie Memphrémagog* (fire department) to exchange the information contained on this form with the 9-1-1 emergency call center and I release the *Régie incendie Memphrémagog* from any liability under this program

Signature of the person requiring
assistance or a representative

Date

PLEASE RETURN THIS FORM BY EMAIL OR BY MAIL :
Régie Incendie Memphrémagog Est
2100 rte 143, Hatley, Québec J0B-4B0

Telephone : 819-838-5877
Email : prevention@regieincendieest.com