

EMERGENCY EVACUATION INFORMATION FORM

Please note the City of Chicago, Office of Emergency Management is requiring we provide them with the following information:

RESIDENT INFORMATION

Unit Number	
# Residents in unit (including children and their ages)	
# Residents home during the day (between 8 AM – 6 PM)	
# Residents home during the night (between 8 PM – 6 AM)	
# of Pets in Unit (list dog or cat)	

Please respond below only in the event that you would need assistance during an evacuation.

For any resident requiring assistance, please complete and return this form to the Management Office. This information will be kept in a sealed envelope and provided to the Chicago Fire Department in the event of an emergency evacuation. Thank you in advance for your attention to this important matter.

Name	Define Assistance Needed:
Name	Define Assistance Needed:
Name	Define Assistance Needed

Unit #: _____

Name: _____

Signature: _____

Date: _____