

IMPORTANT: This form is to designate a Tenant Fire Warden(s) who will be responsible for the duties as outlined in the Building Fire Life Safety Plan. Please complete the section below in correspondence to any persons that may require additional assistance in the event of an emergency.

Company name:		Suite No:
Tenant representative first and last name:		Title:
Telephone:	Email address:	
Signature:	Date submitted dd-mm-yyyy:	

1. Tenant fire warden first and last name:		
Suite number:	Telephone:	Email address:
Number of occupants requiring assistance:	Designated assembly area:	
2. Tenant fire warden first and last name:		
Suite number:	Telephone:	Email address:
Number of occupants requiring assistance:	Designated assembly area:	

Important: Please complete the section below in correspondence to any persons that may require additional assistance in the event of an emergency.

First and last name:		
Suite number:	Telephone:	Email address:
Rationale/Reason:		
First and last name:		
Suite number:	Telephone:	Email address:
Rationale/Reason:		
First and last name:		
Suite number:	Telephone:	Email address:
Rationale/Reason:		

This section of the form is to be completed by the management office.

Received by:	Date dd-mm-yyyy:	Time:
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