
Voluntary Self-Identification Evacuation Assistance

Full Name: _____

Agency/Bureau/Department: _____

Floor Number / Room or Cubical Number and general area: _____

Contact Information (Phone/Email): _____

Consent for sharing provided information with first responders, emergency personnel, and other individuals involved with emergency evacuations (circle one): Yes / No

Please check off and provide details on all the categories below that might apply. When completed, please return this form to YOUR agency's Chief Emergency Warden.

_____ **Types of Notification – for individuals who have visual or hearing impairments.**

Please describe the best way (e.g., flashing light, signs, etc.) in which you can be alerted to during an emergency evacuation.

_____ **Assistive devices/Service Animals**

Please list any assistive devices (e.g., wheelchairs, walkers, canes), or service animals that must accompany you in the event of an emergency evacuation.

_____ **Other Assistance**

Please provide any additional information that may be helpful in assisting you during an emergency evacuation.
