

**WINNIPEG CONDOMINIUM CORPORATION NO. _____
DISABILITY/ASSISTANCE EMERGENCY LIST**

BUILDING AND UNIT NO. _____

NAME: _____

Please check off the disability/impairment:

Walking Disability

Hearing Impaired

Heart Condition

Visually Impaired

Respiratory Problems

Other (specify): _____

Please return this form to

**Stevenson Management Services Ltd.
200 – 260 St. Mary Avenue
Winnipeg, MB R3C 0M6**

Thank you.

STEVENSON MANAGEMENT SERVICES LTD.