

200 WEST MADISON

CITY OF CHICAGO HIGH RISE EVACUATION ORDINANCE

TENANT INFORMATION REQUIREMENTS

26 May 2015

Please complete **ONE** form per each floor and suite your company occupies.

GENERAL INFORMATION

TENANT NAME: _____ FLOOR: _____ SUITE NUMBER: _____

OFFICE PHONE NUMBER: _____ OFFICE FAX NUMBER: _____

TOTAL NUMBER OF EMPLOYEES: _____ NUMBER OF DAYTIME OCCUPANTS (7:00AM-7:00PM): _____

NUMBER OF EVENING OCCUPANTS (7:00PM-7:00AM): _____

OCCUPANTS IN NEED OF ASSISTANCE

TOTAL NUMBER OF SELF-IDENTIFIED INDIVIDUALS THAT REQUIRE ASSISTANCE IN AN EMERGENCY: _____

Please attach a floor plan to identify the location of each occupant.

1. NAME OF INDIVIDUAL REQUIRING ASSISTANCE: _____ LOCATION: _____

TYPE OF ASSISTANCE REQUIRED: _____ PHONE NUMBER: _____

NAME OF DESIGNATED EVACUATION ASSISTANCE: _____ PHONE NUMBER: _____

2. NAME OF INDIVIDUAL REQUIRING ASSISTANCE: _____ LOCATION: _____

TYPE OF ASSISTANCE REQUIRED: _____ PHONE NUMBER: _____

NAME OF DESIGNATED EVACUATION ASSISTANCE: _____ PHONE NUMBER: _____

3. NAME OF INDIVIDUAL REQUIRING ASSISTANCE: _____ LOCATION: _____

TYPE OF ASSISTANCE REQUIRED: _____ PHONE NUMBER: _____

NAME OF DESIGNATED EVACUATION ASSISTANCE: _____ PHONE NUMBER: _____

4. NAME OF INDIVIDUAL REQUIRING ASSISTANCE: _____ LOCATION: _____

TYPE OF ASSISTANCE REQUIRED: _____ PHONE NUMBER: _____

NAME OF DESIGNATED EVACUATION ASSISTANCE: _____ PHONE NUMBER: _____

Please contact the Office of the Building as any changes or updates to the above information occur.