

Physically Disabled / Restricted Personnel

Date: ___ / ___ / ___

Company Name: _____ Master Tenant (if applicable): _____

Building: _____ Suite: _____ Main Business Line: _____

Tenant Warden:

1. Name: _____ Number of Employees to Date: _____

It shall be the Tenant Warden's responsibility to provide assistance to disabled personnel in an emergency. These wardens, or a designated warden, will maintain a list of all persons on their premises who may require assistance, or special medical attention. Please list all persons below:

1. Name: _____ Floor: _____

Blind Wheelchair Pregnant until: ___ / ___ / ___ Other: _____

2. Name: _____ Floor: _____

Blind Wheelchair Pregnant until: ___ / ___ / ___ Other: _____

3. Name: _____ Floor: _____

Blind Wheelchair Pregnant until: ___ / ___ / ___ Other: _____

4. Name: _____ Floor: _____

Blind Wheelchair Pregnant until: ___ / ___ / ___ Other: _____

5. Name: _____ Floor: _____

Blind Wheelchair Pregnant until: ___ / ___ / ___ Other: _____

6. Name: _____ Floor: _____

Blind Wheelchair Pregnant until: ___ / ___ / ___ Other: _____

7. Name: _____ Floor: _____

Blind Wheelchair Pregnant until: ___ / ___ / ___ Other: _____

Please submit a new form to the Management Office by e-mail at FolsomServices@bxp.com when there are changes to personnel.