

# Web Form

## Additional safety measures for people with reduced mobility in your establishment

So that the Saint-Lazare Service de sécurité incendie can foresee emergency measures suited for people with reduced mobility staying on your premises or in your place of residence, we would be thankful you provided us with the following information by completing the on-line web form available on the Town's website at <http://ville.saint-lazare.qc.ca/peoplesafety> or sending it to us by fax at 450-424-1591 or e-mail at [incendies@ville.saint-lazare.qc.ca](mailto:incendies@ville.saint-lazare.qc.ca). **You should also take care of notifying the fire department should this person change address or bedroom location within the place of residence.**

For any question relating to fire prevention safety, contact Fire Prevention Captain, Martin Tanguay by phone at 450-424-8000 ext. 207 or by e-mail at [mtanguay@ville.saint-lazare.qc.ca](mailto:mtanguay@ville.saint-lazare.qc.ca).

### Consent for release of personal information

I am

- The person with reduced mobility described below.  
 The relative / guardian or person responsible for the person with reduced mobility

And

- I **authorize** Saint-Lazare's Service de sécurité incendie to pass on the following personal information for 911's Call Centre database for emergency and coordination purposes.  
 I **do not authorize** Saint-Lazare's Service de sécurité incendie to pass on the following personal information for 911's Call Centre database and **understand** that none of the information provided here will be retained by the 911 Call Centre or the Saint-Lazare Service de sécurité incendie. *If you select this option, please do not complete the form.*

#### Information on the person with the reduced mobility:

Date of registration: \_\_\_\_\_

Last and first name: \_\_\_\_\_

Address of the residence: \_\_\_\_\_

Phone n°: \_\_\_\_\_

Sex:  F  M

Age: \_\_\_\_\_

Handicap description: \_\_\_\_\_

Bedroom location: \_\_\_\_\_

(E.g.: basement, ground floor, 1st floor)

Comments: \_\_\_\_\_

Email: \_\_\_\_\_

#### Information on the relative (or person) responsible for the person with reduced mobility:

Last and first name: \_\_\_\_\_

Address of the residence (if different): \_\_\_\_\_

Phone n° (if different): \_\_\_\_\_

Email: \_\_\_\_\_

SEND