



Form: Persons with a mobility impairment

Information about the person with a mobility impairment:

*First name:

*Last name:

*Address:

*Phone number:

Email:

*Sex: Female

*Age:

Male

*Define the nature of the mobility impairment:

*Location of the bedroom (e.g. downstairs, first floor):

Specific support needed (please explain):

Information about the resource person:

First name:

Last name:

Address (if different from above):

Phone number (if different from above):

Approval

I authorize the Town of Pincourt Emergency and Fire Department to share my personal information for coordination purposes in the event of an emergency.

I authorize the Town of Pincourt to consult me as part of the plan of action for people with a mobility impairment.

Please send your document to incendie@villepincourt.qc.ca or fax it to 514-453-0934.