



Special Care Form

Brampton Fire and Emergency Services offers assistance to residents that are handicapped or have special needs, when an emergency occurs.

Should you or a resident in your household require special assistance and would like to have your name and address placed on our list, please complete the form below and return it to us. This will ensure that in the event of an emergency situation, the responding crews will be better equipped to assist you.

To ensure the continued success of this program, remember to:

- Update annually as the list is retained for a period of one (1) year from date received
- Notify Fire Communications if the “Special Care Resident” is no longer residing at this location

Should you have further questions regarding this service, **contact the Fire Communications Division at (905) 456-5788.**

MAIL COMPLETED FORM TO:

Brampton Fire and Emergency Services, Communications Division
8 Rutherford Road South,
Brampton, Ontario L6W 3J1

Please complete the section below:

Name (1) _____

Name (2) _____

Name (3) _____

Address and/or Building Name: _____

Phone Number: (Home) _____ (Work) _____



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Reason(s) for Special Assistance:

- Mobility Problems
- Required Wheel Chair
- Heat Problems
- Hearing Impaired
- Seeing Impaired
- Oxygen in use
- Other: _____

Additional information that may be of use during an emergency response by Brampton Fire and Emergency Services:

Contact Name or Care Giver: _____

Phone Number: (Home) _____ (Work) _____

The personal information on this form is collected under authority of the Municipal Act, SO 2001, c. 25, and will be used to provide assistance in the event of an emergency situation. Questions about the collection of personal information should be directed to Communication Officer, Communications Division, 7750 Hurontario Street, Brampton, ON, L6V 3W6, 905-456-5788.

BRAMPTON FIRE AND EMERGENCY SERVICES USE ONLY:

Date Received: _____

Expiry Date: _____