



MANI BROTHERS FIRE /LIFE SAFETY FOR THE PHYSICALLY IMPAIRED

SUITE: _____ TENANT NAME: _____

DATE: _____ SUITE/FLOOR WARDEN: _____

OCCUPANT: _____

NATURE OF DISABILITY: _____

LOCATION: _____ PHONE: _____

ASSISTANT 1: _____ PHONE: _____

ASSISTANT 2: _____ PHONE: _____

OCCUPANT: _____

NATURE OF DISABILITY: _____

LOCATION: _____ PHONE: _____

ASSISTANT 1: _____ PHONE: _____

ASSISTANT 2: _____ PHONE: _____

OCCUPANT: _____

NATURE OF DISABILITY: _____

LOCATION: _____ PHONE: _____

ASSISTANT 1: _____ PHONE: _____

ASSISTANT 2: _____ PHONE: _____

PLEASE KEEP ALL LISTS CURRENT

Please return form via fax to (310) 777-5010 or email to mail@manibrothers.com