



**JBG SMITH**

**SPECIAL ASSISTANCE REQUIREMENT**

Please complete the following information pertaining to employed personnel requiring special assistance during an emergency. Return this form to the Property Manager's office.

**TENANT NAME:** \_\_\_\_\_

**BUILDING NAME:** \_\_\_\_\_

**SUITE NUMBER:** \_\_\_\_\_

**AREA OF REFUGE:** \_\_\_\_\_

**NAME OF EMPLOYEE:** \_\_\_\_\_

What floor is employee located? \_\_\_\_\_

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