



COUNTY OF LOS ANGELES

Voluntary Request for Evacuation Assistance

The County of Los Angeles is committed to the safe evacuation of all visitors to County facilities, including individuals with disabilities. If an emergency evacuation were to become necessary today, and you are a person with a disability who may require assistance to evacuate the building, you may choose to complete this form to voluntarily request evacuation Assistance in the event of an emergency. Submit to the ADA Coordinator.

DATE: _____ ARRIVAL TIME: _____

NAME: _____

Method to contact you while you are on premises:

CELLULAR TELEPHONE: _____

PAGER: _____

OTHER: _____

1. What is the floor and room number in which you are conducting business: _____

2. How long do you estimate that you will be in this location? _____

3. What manner of assistance do you believe would be of most help to you (e.g. an evacuation assistant for a visually impaired person or an individual with mental disability, evacuation equipment for a person with a mobility impairment, evacuation of a service animal, etc.)? _____

Signature: _____

ADA Coordinator
(213) 738-2970 Voice
(213) 427-6118 TTY

This form and any related materials are available in alternate formats upon request.