

<b>Building Emergency Information</b>		
<b>Is there a 24-hour on-site contact?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<u>If yes</u> , please provide a 24-hour contact phone number	
<b>List current rallying points for evacuation</b>		
<b>Does building have a public address system as part of the fire alarm system?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Provide locations where stair towers empty out to</b>	<b>Tower</b>	<b>Location (block)</b>
<b>List Stair Towers with Roof Access</b>		

## Building Vital Statistics

USE	Rentable Square Footage	Number of Stories	Est. Number of Building Occupants
Office			
Retail			
Residential			
Other			
<b>Total</b>			
<b>Parking Garage</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	<input type="checkbox"/> Above Ground	<input type="checkbox"/> Below Ground	
	<u>If yes</u> , number of spaces		
<b>Helipad</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Does building connect together buildings through a concourse and/or walkway?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	<u>If yes</u> , please describe:		



## EMERGENCY MANAGEMENT

# High-rise Building Evacuation Survey Form

<b>Building Information</b>				
<b>Building Name</b>				
<b>Other Names Associated with this Building</b>				
<b>Street Address</b>				
<b>Other Street Addresses Associated with this Building</b>				
<b>Building Owner and Manager Information</b>				
<b>Legal Ownership Entity</b>	<i>Name</i>			
<b>Management Company</b>	<i>Name</i>			
	<i>Address</i>			
	<i>Telephone</i>			
	<i>Primary Point of Contact</i>	Name		
		Office Phone		
		Cellular Phone		
		E-mail		
	<i>Secondary Point of Contact</i>	Name		
		Office Phone		
		Cellular Phone		
E-mail				