## **Cypress Park West Floor Emergency Teams**

Note: Tenant is required to update this information quarterly (or as data changes) and resubmit this form to the Office of the Building.

| Floor #:                              |   |   |  |  |  |  |
|---------------------------------------|---|---|--|--|--|--|
| Floor Emergency Team/Position         | Name, Office Phone and Email of Designated Person | Name, Office Phone, and Email of<br>Alternate |  |  |  |  |
| Area Warden                           |   |   |  |  |  |  |
| Floor Leader(s)                       |   |   |  |  |  |  |
| Elevator/Stairwell Monitors           |   |   |  |  |  |  |
| Aids to Disabled Persons              |   |   |  |  |  |  |
| Searchers (min. 2)                    |   |   |  |  |  |  |
| Comm. Between Flr. Leaders (if appl.) |   |   |  |  |  |  |

| Floor #:                              |   |   |  |  |  |  |
|---------------------------------------|---|---|--|--|--|--|
| Floor Emergency Team/Position         | Name, Office Phone and Email of Designated Person | Name, Office Phone, and Email of<br>Alternate |  |  |  |  |
| Area Warden                           |   |   |  |  |  |  |
| Floor Leader(s)                       |   |   |  |  |  |  |
| Elevator/Stairwell Monitors           |   |   |  |  |  |  |
| Aids to Disabled Persons              |   |   |  |  |  |  |
| Searchers (min. 2)                    |   |   |  |  |  |  |
| Comm. Between Flr. Leaders (if appl.) |   |   |  |  |  |  |

Please copy and repeat use of this form for tenancy in excess of two floors.

## **Cypress Park West Persons Requiring**

Note: Tenant is required to update this information quarterly (or as data changes) and resubmit this form to the Office of the

Building.

| First and Last Name | Floor | Location | <b>Email Address and Office</b> | Type of Disability or<br>Assistance Needed |
|---------------------|-------|----------|---------------------------------|--|
| Table made 1 mile   | #     | on Floor | Phone Number                    | Assistance Needed                          |
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