



Form

List of mobility impaired persons

Specify the type of request:

- New registration
 Update information

I. Information on the impaired or handicapped person

Mr. Mrs Miss

First name : _____ Last name : _____

Date of Birth : _____

Weight : _____ Kilograms (kg) Pounds (lbs)

Height : _____ Centimeters (cm) Feet (ft)

Name of residence, name of building (if applicable): _____

Address : _____

City : _____ Province : _____

Postal Code : _____

Location of the bedroom (basement, ground floor, autre) :

Email : _____

Residential phone : _____

Cell phone : _____

Office phone : _____

II. Handicap

Nature or impairment or handicap :

- Hearing
- Intellectual ou cognitive
- Motor disability
- Visual
- Reduced mobility
- Other

More information : _____

III. Person to contact in case of emergency

Emergency contact #1

First name : _____ Last name : _____

Relationship with the person requiring special assistance: _____

City : _____

Email : _____

Residential phone : _____

Cell phone : _____

Office phone : _____

Emergency contact #2

First name : _____ Last name : _____

Relationship with the person requiring special assistance: _____

City : _____

Email : _____

Residential phone : _____

Cell phone : _____

Office phone : _____

IV. Authorization of the registrant or his legal representative

I authorize the Town of Mount Royal to transmit the following personal information for emergency use and coordination purposes.

V. Additional information to provide us

Forward by email or in person to the Public Security :

publicsecurity@town.mount-royal.qc.ca

10 Roosevelt Avenue, Town of Mount Royal (Québec) H3R 1Z4