

**150 KING STREET WEST  
TENANT FIRE WARDEN INFORMATION**

This form is to be completed by the Tenant Fire Warden for each suite at 150 King Street West. This form is to designate a Tenant Fire Warden or Wardens who will be responsible for the duties as outlined in the Building Fire Life Safety Plan. Please forward to the BentallGreenOak management Office upon completion.

**Tenant Name:**

**Floor:**

**Number of Occupants Requiring Assistance:**

**Tenant Fire Warden:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Office Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Tenant Assistant Fire Warden:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Office Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

In the event of an evacuation, please indicate below where your company regroups. Please specify the address, name of building/main intersection.

\_\_\_\_\_

Please complete this section for occupants that require assistance in the event that an evacuation of the building becomes necessary. The occupants listed would be required to assemble in the freight elevator lobby and Toronto Fire Services will be notified. If you have more than 2 persons requiring assistance, please attach their contact information on a separate sheet.

**Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Reason:** \_\_\_\_\_