

500 West Monroe

Exhibit B - Persons with Disabilities

Company name: _____

Name: _____ Office #: _____

Phone #: _____ Disability: _____

Evacuation Assistant: _____

Name: _____ Office #: _____

Phone #: _____ Disability: _____

Evacuation Assistant: _____

Name: _____ Office #: _____

Phone #: _____ Disability: _____

Evacuation Assistant: _____

Name: _____ Office #: _____

Phone #: _____ Disability: _____

Evacuation Assistant: _____

Name: _____ Office #: _____

Phone #: _____ Disability: _____

Evacuation Assistant: _____

Name: _____ Office #: _____

Phone #: _____ Disability: _____

Evacuation Assistant: _____

NOTE: As changes in personnel or physical conditions occur, please forward an updated copy of this form to the management office.