

SPECIAL NEEDS ACCOMMODATION REQUEST (Voluntary & Confidential Disclosure)

SECTION I.

Date: _____

To: Watergate Community Association, 8 Captain Drive, Emeryville, CA 94608

From: _____
(Resident/Tenant)

Address: _____ Emeryville, CA 94608 Phone Number: _____

REQUEST FOR ACCOMMODATION

(I) Nature of Request:

(II) **And / or (I)(We)** request that _____ (name) be added to Watergate Community Association "Special Needs List" in case of emergency.

(III) Reason for request:

VOLUNTARY DISCLOSURE INFORMATION (Please read)

SECTION II.

(I), (We) understand that the above request is made voluntarily and that I am under no obligation to complete this form. (I), (We) also understand that the "Reason for Request" that this information will be kept in the strictest confidence but, that this Special Needs list may be released to the Watergate Security, Emeryville Fire Department,

Important Disclosure

Release of the Special Needs List to the above agencies is necessary to provide timely and accurate information regarding your unit so that in case of emergency these agencies can protect the safety, health and welfare of the occupants of the above unit listed in Section 1.

SIGNATURE

SECTION III.

This request shall remain in force until revoked in writing, and said revocation has been delivered to the WCA office @ 8 Captain Drive, Emeryville, CA 94608.

SIGNATURE: _____ Date: _____

SIGNATURE: _____ Date: _____

NEW REVISED REVOKED

cc: Watergate Security, Unit File