

**THE TOWERS AT WILLIAMS SQUARE  
TENANTS REQUIRING SPECIAL ASSISTANCE**

COMPANY NAME:

BUILDING / SUITE:

DATE SUBMITTED:

*PLEASE COMPLETE THE INFORMATION BELOW AND RETURN THIS FORM TO THE MANAGEMENT OFFICE.*

EMPLOYEE(S) REQUIRING SPECIAL ASSISTANCE DURING AN EVACUATION	SUITE # / FLOOR / OFFICE NUMBER	EMPLOYEE'S PHONE NUMBER	EMPLOYEE'S E-MAIL ADDRESS	TYPE OF MEDICAL CONDITION	EXPIRATION DATE / DURATION OF MEDICAL CONDITION
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

SIGNATURE OF AUTHORIZED TENANT CONTACT: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SUBMIT TO:

**COUSINS PROPERTIES SERVICES LP  
5215 N. O'CONNOR BLVD., SUITE 1790  
IRVING, TEXAS 75039**

FAX NUMBER:  
PHONE NUMBER:

**(972) 869-4820  
(972) 869-5900**