



CENTURY CENTER CONDOMINIUM

1750 KALAKAUA AVENUE • HONOLULU, HAWAII 96826 • 808/941-9655

October 22, 2008

Attention: Century Center Residents

Subject: Emergency Evacuation Assistance / Special Needs Disclosure

At the 2008 Legislature Session Senate Resolution No. 47 S.D. 2 was passed. The bill urges AOA's and Condominium unit owners to develop emergency and evacuations plans for residents, including provision for seniors and residents who may need additional assistance or have special health needs.

Century Center's current emergency evacuation plan is stated in the House Rules on pages 23-25.

We are in the process of developing a list of seniors or residents who may have special medical needs such as inability to ascend or descend stairs, dependence on oxygen, use of wheelchairs or other assistive devices, special dietary needs, and refrigerated prescription medications.

If you are in need of some sort of assistance, have health conditions or are reliant on prescription medication that prohibits you from being able to evacuate the complex during emergencies and want to disclose this please fill out the form on the back of this memo and return it to the Front Desk.

The list will be kept on file at the Front Desk and given to emergency first response teams such as but not limited to HFD, HPD or EMS when an emergency situation occurs or evacuation is necessary.

Additional disclosure forms are available at the front desk. Please feel free to contact me with any questions at 946-8818.

Sincerely,

Michael A. Baker, ARM
General Manager



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Emergency Assistance Disclosure Notification

Date _____

Name _____ **Apartment #** _____
Please Print

Check Applicable Boxes

Senior Citizen

Handicapped

Health Condition or Special Medication Needs (Explain Below)

I understand that the AOA of Century Center Condominium will not be held liable for any claims arising from an emergency situation or evacuation occurrence. I further understand that the information I have provided will be given to emergency first response teams such as but not limited to HFD, HPD and EMS when it is deemed necessary.

Signature _____ **Date** _____

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