



**Salesforce Tower**  
**Physically Disabled / Restricted Personnel**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Suite: \_\_\_\_\_

Main Business Line: \_\_\_\_\_

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**Tenant Warden:**

1. Name: \_\_\_\_\_ Number of Employees to Date: \_\_\_\_\_

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It shall be the Tenant Warden's responsibility to provide assistance to disabled personal in an emergency. These wardens, or a designated warden, will maintain a list of all persons on their premises who may require assistance, or special medical attention. Please list all persons below:

1. Name: \_\_\_\_\_ Floor: \_\_\_\_\_

☐ Blind ☐ Confined to Wheelchair ☐ Pregnant until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ Other:

2. Name: \_\_\_\_\_ Floor: \_\_\_\_\_

☐ Blind ☐ Confined to Wheelchair ☐ Pregnant until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ Other:

3. Name: \_\_\_\_\_ Floor: \_\_\_\_\_

☐ Blind ☐ Confined to Wheelchair ☐ Pregnant until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ Other:

4. Name: \_\_\_\_\_ Floor: \_\_\_\_\_

☐ Blind ☐ Confined to Wheelchair ☐ Pregnant until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ Other:

5. Name: \_\_\_\_\_ Floor: \_\_\_\_\_

☐ Blind ☐ Confined to Wheelchair ☐ Pregnant until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ Other:

6. Name: \_\_\_\_\_ Floor: \_\_\_\_\_

☐ Blind ☐ Confined to Wheelchair ☐ Pregnant until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ Other:

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**Please submit a new form to the Management Office by e-mail at  
salesforcetower@bostonproperties.com when there are changes to personnel.**