

PHYSICALLY / VISUALLY CHALLENGED EMPLOYEES 2004-2005



Date _____

Name of Company _____ Bldg / Floor _____

1. Name of Employee _____ Phone # _____

Nature of Handicap _____

Location (floor) _____

2. Name of Employee _____ Phone # _____

Nature of Handicap _____

Location (floor) _____

3. Name of Employee _____ Phone # _____

Nature of Handicap _____

Location (floor) _____

4. Name of Employee _____ Phone # _____

Nature of Handicap _____

Location (floor) _____

Please complete this form and return it to our office as soon as possible. If you have any questions, please call the Management Office at (718) 518-8600. Thank you.