

# Fire Safety and Evacuation Plan - Resident Signature

Instructions: Fill out form. Items in **red** boxes are required.

**FACILITY NAME**

**FACILITY ADDRESS**

Names of All Adult Residents:

Building Address and Apartment Number

Move In Date

I/We, the above named residents, certify that we have received, read, and fully understand the Fire Safety and Evacuation Plan and agree to adhere to the detailed information outlined within the document.

Adult Resident Signature and Date

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Adult Resident Signature and Date

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Adult Resident Signature and Date

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Adult Resident Signature and Date

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Facility Manager or Authorized Agent Signature and Date

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