OFFICE OF THE PUBLIC DEFENDER
TWENTIETH JUDICIAL CIRCUIT
RELEASE OF INFORMATION AUTHORIZATION

☐ I AM NOT A DISABLED PERSON WHO WOULD NEED ASSISTANCE IN EVACUATING OUR AGENCY OFFICE BUILDING IN THE EVENT OF A FIRE OR OTHER EMERGENCY, OR

☐ PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, I DO HEREBY AUTHORIZE THE RELEASE OF INFORMATION THAT I AM A DISABLED PERSON WHO CAN NOT AMBULATE STAIRS IN CASE OF FIRE OR AN EMERGENCY EVACUATION OF THE BUILDING WHERE I WORK WITHOUT ASSISTANCE BECAUSE OF MY DISABILITY. I REQUEST THAT FIRE FIGHTERS OR EMERGENCY PERSONNEL BE ASSIGNED TO COME TO MY WORKSTATION IN THE EVENT OF A FIRE OR AN EMERGENCY EVACUATION PREPARED TO DO WHATEVER IS NECESSARY TO SAFELY EVACUATE ME FROM THE BUILDING TO A SAFE PLACE.

THE BUILDING WHERE I WORK IS AS FOLLOWS:

BUILDING NAME:	OFFICE OF THE PUBLIC DEFENDER, COLLIER COUNTY
ADDRESS:	3301 Tamiami Trail East, Courthouse Annex, 5th floor
FLOOR:	Naples, Florida 34112
AGENCY:	

NAME OF PERSON NEEDING ASSISTANCE: _____

WORK SITE/ROOM NUMBER: _____

_____
SIGNATURE OF EMPLOYEE/VOLUNTEER/SR. AIDE

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____, BY THE ABOVE NAMED PERSON WHO IS PERSONALLY KNOWN TO ME AND WHO DID/DID NOT TAKE AN OATH.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES:

_____