

City of New Orleans
City Hall Facility
1300 Perdido St.
New Orleans, LA 70112

Life Hazard Form

Date: _____

Name of person with special needs: _____

Location of workstation:(Floor/Rm.#): _____

Describe person's special needs: _____

***This form must be sent to the security desk in the main lobby of City Hall.**

***Security/Grounds Patrol must keep this document in the "Fire Pak."**