## LIST OF HANDICAPPED PERSONNEL GATEWAY CENTER I

Tenant/Subtenant		Floor
Name	Comments	
-		<u></u>
-		
		. <del>,</del>
<u>. y</u>		
11000		
	Date Prep	ared:

NOTE: If there are no handicapped personnel, please state "NONE". For multiple floor tenants, a separate form should be used for each floor.