

## WARNING AND RETROFIT NOTICE FOR ABILITY LIFT

| Product Name: The Ability Li                                    | ft          |                                    |                 |              |  |  |
|---|-------------|------------------------------------|-----------------|--------------|--|--|
| Product Model: All Models Fr                                    | om Seria    | l #730 - Present                   |                 |              |  |  |
| Type of Action: Retrofit Req                                    | uired       |                                    |                 |              |  |  |
|   |             |                                    |                 |              |  |  |
| If you still own your Ability L                                 | ift, please | e complete Part A                  | <b>\</b>        |              |  |  |
| If you no longer own or are no                                  | ot in posse | ession of your Ab                  | ility Lift, ple | ase comp     | lete Part B  |  |
| Part A – Current Users of th                                    | ıe Ability  | <u>Lift</u>                        |                 |              |  |  |
| Do you conduct maintenance                                      | on your A   | bility Lift to Mar                 | nufacturer Sp   | ecificatio   | ns?  |  |
|   |             |                                    |                 |              | YES NO   |  |
| If you no longer require your lift would you like it removed?   |             |                                    |                 |              |  |  |
| if you no longer require your fire would you like it removed.   |             |                                    |                 |              | YES NO   |  |
| Please provide information on how we can reach you: Home Phone: |             |                                    |                 |              |  |  |
|   |             |                                    | Work Pho        | one:         |  |  |
| Cell Phone:   |             |                                    |                 |              |  |  |
| En  |             |                                    |                 | Email:       |  |  |
|   |             |                                    |                 |              |  |  |
| <u>Part B – No Longer in Posse</u>                              | ssion of t  | he Ability Lift                    |                 |              |  |  |
| Please provide as much inform                                   | nation as   | possible as to whe                 | ere the Abilit  | ty Lift is r | now located.                                       |  |
| 1   | ,           | L                                  |                 | ,            |  |  |
|   |             |                                    |                 |              |  |  |
|   |             |                                    |                 |              |  |  |
| Please f  | ill out an  | d promptly retui                   | rn by one of    | the meth     | nods below:  |  |
| MAIL  |             | FAΣ                                | X               |              | EMAIL  |  |
| SaskAbilities   |             | SaskAbil                           |                 |              | SaskAbilities                                      |  |
| Attention: Darren Ooms<br>Retrofit Campaign Leader              | OR          | Attention: Dara<br>Retrofit Campai |                 | OR           | Attention: Darren Ooms<br>Retrofit Campaign Leader |  |
| 1410 Kilburn Ave.<br>Saskatoon, SK S7M 0J8                      |             | FAX # 306-2                        | 44-7115         |              | Email:retrofit@saskabilities.ca                    |  |