

Constituency Office Barrier-free Compliance Plan

MLA Name: Ben Jessome Constituency: Hammonds Plains-Lucasville
Street: 2120 Hammonds Plains Road Municipality: Halifax Postal Code: B4B 1P3

My Office is Barrier-free.

I certify my constituency office meets the barrier-free requirements as outlined in the House of Assembly Management Management Commission Regulations.

MLA Signature: _____ Submission Date: _____

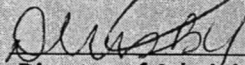
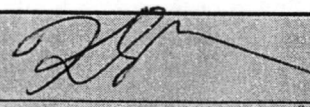
My constituency office is not Barrier-free.

I confirm that my constituency office is not compliant with the barrier-free requirements. I understand that I can continue to occupy the non-compliant space only on a month-to-month basis for a maximum of 12 months and that I must set out below my plan to render the space compliant with the barrier-free requirements during the 12 month-to-month period. My office is not barrier-free for the following reasons:

Do not have both audible and visible alarms and request a waiver from HAMC to consider this technical in nature.

I intend to do the following to remedy the non-compliant reasons listed above:

MLA Signature:  Submission Date: OCT. 15 / 14

Review:  Approved: 
Date: OCT 15 / 14 Date: OCT 16 / 14
Director of Administration The Honourable The Speaker

Notes: _____