

RECEIVED
OCT 09 2014
Office of the Speaker

Constituency Office Barrier-free Compliance Plan

MLA Name: Pam Eyking Constituency: Victoria-The Lakes
Street: 15 Alder Pl. Rd. Municipality: Cape Breton Postal Code: B1V2K2

My Office is Barrier-free.

I certify my constituency office meets the barrier-free requirements as outlined in the House of Assembly 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: visible alarms not present (audio alarms are, however). Requesting a waiver from House of Assembly Management Commission that this non-compliance is technical in nature as per subsection 19A(3).

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

requesting a HAMC waiver review (see above).

MLA Signature: [Signature] Submission Date: October 9, 2014

Review: [Signature] Approved: [Signature]
Director of Administration The Honourable The Speaker
Date: Oct 9/14 Date: Oct 10/14

Notes: _____