



**ELDERLY PERSONS' HOUSING**

**Emergency Contact List**

Dear Tenant(s):

We are required to have on file the name and phone number of a family member or person that we can contact in case we need to get in touch with them in an emergency situation,

Please fill out the form below and return it to the office or manager as soon as possible.

Thank you

Name of Tenant: \_\_\_\_\_ Suite #: \_\_\_\_\_

Person to notify in case of emergency

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_  
Relationship: \_\_\_\_\_

Person to notify in case of emergency

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_  
Relationship: \_\_\_\_\_

Person to notify in case of emergency

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_  
Relationship: \_\_\_\_\_