

# Rental Property Tenant Emergency Contact Form

Please complete this form to provide emergency contact information. This document will be kept on file in the leasing office.

## 1. Tenant Information

Full Name:

Property Address:

Unit / Apartment Number:

Phone Number:

Email Address:

## 2. Primary Emergency Contact

Contact Name:

Relationship to Tenant:

Primary Phone Number:

Alternate Phone Number:

Email Address:

Home Address:

## 3. Secondary Emergency Contact

Contact Name:

Relationship to Tenant:

Primary Phone Number:

Alternate Phone Number:

Email Address:

Home Address:

## 4. Medical Emergency Information (Optional)

Preferred Hospital:

Primary Care Physician Name:

Physician Phone Number:

## 5. Authorization & Signature

I confirm that the emergency contact information provided above is accurate. In the event of an emergency, the property management team has permission to contact the individuals listed on this form.

Tenant Signature (Printed):

Date: