

Apartment Tenant Emergency Contact Form

Please print and fill out this form. The information provided will be used by property management in the event of an emergency.

1. Tenant Information

Full Name:

Apartment / Unit Number:

Phone Number:

Email Address:

2. Primary Emergency Contact

Contact Name:

Relationship to Tenant:

Primary Phone Number:

Alternative Phone Number:

Email Address:

3. Secondary Emergency Contact

Contact Name:

Relationship to Tenant:

Primary Phone Number:

Alternative Phone Number:

Email Address:

4. Keyholder / Alternate Access (Optional)

Please list anyone else who has a key to your apartment and permission to enter during an emergency.

Authorized Person Name:

Phone Number:

5. Important Medical / Special Instructions (Optional)

List any critical information (such as pets in unit, medical conditions, or mobility concerns) emergency responders should know:

6. Authorization

By signing below, I authorize the property management to contact the individuals listed above in the event of an emergency.

Tenant Signature (Sign after printing):

Date (MM/DD/YYYY):