

# Standard Resident Emergency Contact Form

Please complete this form to ensure the property management has up-to-date emergency contact information on file. Please print clearly.

## Resident Information

Full Name:

Apartment / Unit Number:

Phone Number:

Email Address:

## Primary Emergency Contact

Contact Full Name:

Relationship to Resident:

Primary Phone Number:

Alternative Phone Number:

Email Address:

## Secondary Emergency Contact

Contact Full Name:

Relationship to Resident:

Primary Phone Number:

Alternative Phone Number:

Email Address:

## Medical Information (Optional)

This information is voluntary and will only be shared with first responders in the event of an emergency.

Known Allergies:

Important Medical Conditions:

Preferred Hospital:

## Authorization & Signature

I confirm that the information provided above is accurate and complete.

Resident Signature:

Date: