

# Multi-Family Tenant Emergency Contact Form

Please complete this form to ensure management and emergency services have accurate information in the event of an emergency. Print clearly.

## Property & Tenant Information

Building Address:

Apartment / Unit Number:

Primary Tenant Full Name:

Primary Phone Number:

Email Address:

## Other Household Occupants

Occupant 2 Name:

Occupant 3 Name:

Occupant 4 Name:

## Primary Emergency Contact (Outside of Household)

Contact Full Name:

Relationship to Tenant:

Primary Phone Number:

Alternate Phone Number:

Email Address:

## Secondary Emergency Contact (Outside of Household)

Contact Full Name:

Relationship to Tenant:

Primary Phone Number:

Alternate Phone Number:

Email Address:

Critical Medical & Accessibility Info (Optional)

Please list any medical conditions, mobility issues, or evacuation assistance needs that first responders should be aware of in an emergency.

Details / Notes:

Pet Information

Please list any pets residing in the unit to ensure their safety during emergency situations.

Pet 1 (Type / Breed / Name):

Pet 2 (Type / Breed / Name):

Authorization & Signature

I confirm that the information provided above is accurate and up-to-date. I authorize management to share this information with emergency personnel if necessary.

Tenant Signature (Print Name to Sign):

Date: