

# Multi-Unit Residential Emergency Contact Form

Please complete this form and return it to building management. This information is critical for emergency services and first responders.

## 1. Unit & Resident Information

Building Name / Address:

Unit / Apartment Number:

Primary Resident Name:

Primary Resident Phone:

Primary Resident Email:

Secondary Resident Name:

Secondary Resident Phone:

## 2. Primary Emergency Contact (Off-Site)

Contact Name:

Relationship to Resident:

Primary Phone:

Alternative Phone:

## 3. Secondary Emergency Contact (Off-Site)

Contact Name:

Relationship to Resident:

Primary Phone:

## 4. Critical Emergency Details

Mobility Assistance Required (Yes/No, specify details):

Key Medical Conditions / Alerts:

Pets in Unit (Specify breed, color, and size):

Authorized Keyholder Name & Phone (if not resident):

## 5. Authorization & Verification

By signing below, you authorize building management to share this information with first responders during an active emergency.

Resident Signature (Write here):  Date: