

# Apartment Tenant Emergency Contact Registration Form

Please print and complete this form to ensure apartment management has accurate emergency contact information on file.

## Tenant Information

Full Name:

Building Name/Number:

Apartment/Unit Number:

Primary Phone Number:

Secondary Phone Number:

Email Address:

## Primary Emergency Contact

Full Name:

Relationship to Tenant:

Home Phone Number:

Mobile Phone Number:

Work Phone Number:

Email Address:

## Secondary Emergency Contact

Full Name:

Relationship to Tenant:

Home Phone Number:

Mobile Phone Number:

Work Phone Number:

Email Address:

## Medical & Additional Information (Optional)

Critical Medical Conditions or Allergies:

Preferred Hospital:

## Tenant Authorization & Signature

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

Printed Name of Tenant:

Signature of Tenant (Sign after printing):

Date: