

Residential Tenant Emergency Contact Information Sheet

Please complete this form to ensure the property management has up-to-date contact information in case of an emergency. Print clearly.

Tenant Information

Full Name:

Property Address:

Unit/Apartment Number:

Primary Phone Number:

Alternative Phone Number:

Email Address:

Primary Emergency Contact

Contact Person Name:

Relationship to Tenant:

Primary Phone Number:

Alternative Phone Number:

Email Address:

Home Address:

Secondary Emergency Contact

Contact Person Name:

Relationship to Tenant:

Primary Phone Number:

Alternative Phone Number:

Email Address:

Home Address:

Medical & Additional Information (Optional)

Please list any relevant medical conditions, allergies, or special instructions first responders should know in an emergency.

Medical Notes / Allergies:

Preferred Hospital (if any):

Pet Information (if applicable)

Please provide details of any pets residing in the unit that may need rescue or care during an emergency.

Pet 1 (Name, Breed, Type):

Pet 2 (Name, Breed, Type):

Designated Pet Caregiver (if different from emergency contacts):

Authorization & Signatures

I confirm that the information provided on this form is accurate and true. I authorize management to contact the individuals listed above in the event of an emergency.

Tenant Signature (Print Name if filling digitally):

Date: