

FORM #3 - Emergency Information

In consideration of our units being attached to each other, please submit current information should we need to contact you in the event of an emergency.

Please provide information on two (2) individuals who have a key, alarm code if applicable, and can reach your unit within 30 minutes or less in the event of a serious emergency (fire, burst water pipe, etc). Should it be necessary for the Association to forcibly enter your unit in order to minimize damage to your unit and to other adjoining units, all damages and related repairs due to a forcible entry would be your responsibility.

Please Print Leaibly

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CO-OWNER INFORMATION		
Co-owner #1 Name	Cell & Work Phone Number(s)	
	Email	Home Landline if applicable
Co-owner #2 Name	Home, Work	, Cell Phone Number(s)
	Email	Home Landline if applicable
		Tierrie Editamile ii applicable
Condominium Unit Address:	Today's Date:	
Is there another way of contactin	g you in the event c	of an emergency?
EMERGENCY CONTACTS		
	ls who have access	to your home in case of emergency.
Name #1	Relationship	Telephone Number(s)
Address:		
Name #2	Relationship	Telephone Number(s)
Address:		
Please confirm if your unit contain	s any of the following	g:
Watermain shut off valve for your building Yes No		
Main Fire alarm panel for your building Yes No		

Please return this form to the current PROPERTY MANAGER - see current BOD listing