

File # _____

EMERGENCY INFORMATION

IMPORTANT - The information requested is for each unit/manor. In case of an emergency, to assist you or to notify the proper person, it is important that this form be completed by all residents.

NAME: _____
(RESIDENT) (OWNER) (CIRCLE ONE)

NAME: _____
(RESIDENT) (OWNER) (CIRCLE ONE)

ADDRESS: _____

PERSONS TO CALL IN CASE OF AN EMERGENCY

1. Name: _____ Relation: _____

Address: _____ Phone#: _____
Street City St Zip

2. Name: _____ Relation: _____

Address: _____ Phone#: _____
Street City St Zip

3. Name: _____ Relation: _____

Address: _____ Phone#: _____
Street City St Zip

The undersigned authorizes Golden Rain Foundation of Walnut Creek, the Mutual and their respective agents and employees to use the above information in case of emergency, including where there is a threat of harm or injury to persons or property. The undersigned also acknowledges that the Mutual has the right to enter the unit/manor under the circumstances set forth in the Mutual's Governing Documents (or in the case of a Cooperative Mutual, as set forth in the Occupancy Agreement). Please list those additional persons you want to have access to your unit/manor in case of an emergency:

NAME: _____ Relation: _____ Phone#: _____

NAME: _____ Relation: _____ Phone#: _____

Signature of Resident: _____

Date: _____

BELOW IS FOR STAFF USE ONLY

DATE ENTERED: _____

ENTERED BY: _____