

# HACIENDA CARMEL COMMUNITY ASSOCIATION

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## EMERGENCY CONTACT INFORMATION

A confidential register of emergency contact information for all residents is kept at the Hacienda Front Desk in order to notify family, friends or designated others in the event of a serious injury, illness or other emergency. We ask that you please provide the following information and notify us of any changes that may need to be made from time to time. We greatly appreciate your cooperation in helping us maintain this important information.

**Date this form completed** \_\_\_\_\_ **Unit #** \_\_\_\_\_

### RESIDENT INFORMATION

**(1)** Resident name \_\_\_\_\_ Cell phone # \_\_\_\_\_

Email \_\_\_\_\_ Date of birth: \_\_\_\_\_

**(2)** Resident name \_\_\_\_\_ Cell phone # \_\_\_\_\_

Email \_\_\_\_\_ Date of birth: \_\_\_\_\_

### PERSON(S) TO NOTIFY IN CASE OF MEDICAL EMERGENCY:

**(1)** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**(2)** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

### PERSON(S) TO NOTIFY REGARDING FINANCIAL MATTERS:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_