



Chateaux de Bardmoor Association # _____
Emergency Contact Information

Unit Owner/Owners

First Name _____
Last Name _____
Address _____
City/State/Zip _____
Phone _____ Alt Phone _____
Email _____

Emergency Contact

First Name _____
Last Name _____
Cell Phone _____ Work Phone _____
Email _____

Emergency Contact

First Name _____
Last Name _____
Cell Phone _____ Work Phone _____
Email _____

I hereby give permission to _____, to act on my behalf in case of an emergency and contact either of my Emergency Contacts on my behalf.

Unit owner/owners signature: _____