

Unmarried Single But Not Alone



Designation of *USBNA* as MY "Agent" in the Event ICEs Cannot Be Reached

Instructions Please Keep and File for Your Records Rev'd 11/15/19

The following agreement authorizes you, our *USBNA* member, to grant *USBNA* to contact your Landlord or Management company (applicable if you are a renter), and/or local authorities in the event that you and your **ICEs** cannot be reached.

Please fill out this form completely; leave no lines blank that identify you, and fill in the phone and fax #s of your Landlord, Building's Management Company, as well as your Police/Sheriff/and Fire Departments, as a copy of this form will be forwarded to them, upon receipt, so that they may already have a copy of this agreement on file.

Please note: that agreement remains in effect 1. so long as your account is current with *USBNA*, 2. or unless you revoke it while still being a member, or 3. upon your death.

Then, please 1. mail a hard copy of the notarized form to our address: Unmarried, Single But Not Alone, P. O. Box 15434, Chicago, IL 60615-5145 and 2. email a copy to abcollins@unmarriedsingle.com. We will return a time/date stamped copy to you via U.S. mail and email.

**Do Not Fill in this Page Below this Line
For Office Use Only**

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I, (Print), Last Name: _____ First: _____ M: _____,

residing at: Street Address _____

Unit or Apt. # _____; City: _____ State: _____ Zip: _____

do hereby authorize: **Unmarried Single But Not Alone** (hereinafter **USBNA**, a service I subscribe to that ensures that single people, living alone, are well and safe), its employees, or others authorized by **USBNA**, to act on my behalf and notify my **Landlord, Building Management Company, and Emergency Personnel** (I.E. police, fire, ambulance) to conduct a wellness check on me, in accordance with the following conditions:

1. In the event that I am not reached by **USBNA** per our contracted, agreed upon check-in time,
2. Or if my **ICEs** (In Case of Emergency Contacts) are unable to reach me subsequent to being contacted by **USBNA**.

Please Circle whether this is your Landlord or Building Management Company

-My Landlord/Building Company's Name: _____

Address: _____

Their: Phone # are : _____ - _____ - _____; Fax#: _____ - _____ - _____

-My Local Police/Sheriff's Dept.'s Phone # are : _____ - _____ - _____; Fax#: _____ - _____ - _____

-My Local Fire Department's Phone # : _____ - _____ - _____; Fax#: _____ - _____ - _____

Furthermore, said Landlord, Management Company, local police/sheriff/fire departments are requested to release information to **USBNA** regarding my disposition (be it a medical condition, other emergency, or my death), so that **USBNA** can inform my designated ICEs of my status.

This **Agreement is effective** from (enter today's DATE on next page), and will remain in effect as long as my account is current with **USBNA**, or until I cancel my service with **USBNA**, or in event of my death.

Complete this page and the following page in the presence of a Notary.

Signature of **USBNA** client:

Date: ____ / ____ /20____

Print name: _____

Signature: _____

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NOTARIZED

State of: _____

County of: _____

This record was acknowledged before me on (Date): ____/____/20____

by _____(name(s) of individual(s)).:

Signature of notarial officer: _____

Stamp:

Title of office: _____

My commission expires: _____

For Office Use Only

Acc't #: _____

Name: _____

Date Rec'd: ____/____/20____

Date when copy returned to Client: ____/____/20____

Date when copy mailed to LL/Management Company: ____/____/20____

*Notate name of receiving agent: _____

Date when copy faxed to Police/Sheriff: ____/____/20____

*Notate name of receiving agent: _____

Date when copy faxed to Fire Department: ____/____/20____

*Notate name of receiving agent: _____

USBNA Date Stamped: