

**EMERGENCY NOTIFICATION**

THIS INFORMATION WILL PROVIDE THE PHEASANT RUN ASSOCIATION WITH A CONTACT PERSON(S) IN THE EVENT OF AN EMERGENCY THAT REQUIRES POLICE/FIRE DEPARTMENTS, EMERGENCY MEDICAL TECHNICIANS (EMT) OR UTILITY COMPANIES TO BE CALLED.

PLEASE FILL OUT THE FORM BELOW, AND MAIL OR DROP OFF AT THE PHEASANT RUN OFFICE. ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL AND ONLY USED DURING AN EMERGENCY.

**CONTACT NO. 1**

MR/MRS/MS \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ (     ) \_\_\_\_\_

**CONTACT NO. 2**

MR/MRS/MS \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ (     ) \_\_\_\_\_

OTHER INFORMATION YOU MAY WANT US TO HAVE ON FILE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YOUR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_