

UNIT NO: _____

EMERGENCY/"GATE" CONTACT INFORMATION

It is imperative that we have the following information for our new computer program "Gate".
Fill in **UNIT NO: above** and provide us with as much accurate information as possible.

NAME AND AGE OF ALL PERSONS LIVING IN UNIT:

RESIDENT (1): _____ AGE: _____ PHONE NO: _____

RESIDENT (2): _____ AGE: _____ PHONE NO: _____

RESIDENT (3): _____ AGE: _____ PHONE NO: _____

ADDRESS: _____

WORK NO: _____ CELL PHONE/VACATION NO: _____

LICENSE PLATE NO: AUTO 1: _____ AUTO 2: _____

MAKE/MODEL/COLOR: AUTO 1: _____ AUTO 2: _____

IN THE EVENT OF AN EMERGENCY EVACUATION OR POWER FAILURE WOULD YOU NEED ASSISTANCE? YES _____ NO _____

PETS: ONE PET/HOUSEHOLD YES _____ NO _____ BREED _____ COLOR _____

LICENCE REQUIRED, PLEASE ATTACH

EMERGENCY CONTACTS:

NAME: _____ ADDRESS: _____

TELEPHONE NO: _____ CELL NO: _____

NAME: _____ ADDRESS: _____

TELEPHONE NO: _____ CELL NO: _____

POWER OF ATTORNEY:

NAME: _____ ADDRESS: _____

TELEPHONE NO: _____ CELL NO: _____

Unit owner (if different than resident): NAME: _____

ADDRESS: _____

TELEPHONE NO: _____ CELL NO: _____

Note: If you have additional information please, indicate and list on back of this form.

