

Date: [Insert Date]

Property Name: [Insert Property Name]

Unit Number: [Insert Unit Number]

Dear Resident,

The safety and security of our residents are our top priorities. To ensure we can reach the appropriate person in the event of an emergency, we request that you update your emergency contact information on file.

Please complete the section below and return this form to the management office by [Insert Deadline Date].

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### **Resident Information**

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Primary Emergency Contact**

Full Name: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Phone Number (Cell): \_\_\_\_\_

Phone Number (Work/Home): \_\_\_\_\_

### **Secondary Emergency Contact (Optional)**

Full Name: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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By signing below, you authorize [Insert Property Management Name] to contact the individuals listed above in the event of an emergency involving your person or your apartment unit.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your prompt cooperation.

Sincerely,

Property Management Team  
[Insert Office Phone Number]  
[Insert Office Email]