



# Emergency Personal Information

INFORMATION CHANGED? IF SO, PLEASE SUBMIT A NEW FORM.

## UNIT INFORMATION *(For Owners & Tenants):*

For the personal safety and security of all of our residents, please provide the following information. All information will be kept strictly confidential and used only in case of emergency. Thank you for your cooperation.

Unit Street Address: \_\_\_\_\_ Full Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ (If different) Owner:  Tenant:   
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Residence Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name all residents: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

I agree to read the Newsletter on the CHECA web site. I understand I will not receive a mailed copy. Yes  No

## EMPLOYER INFORMATION *(In case we need to call you at work):*

Employer #1: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Employer #2: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

## EMERGENCY INFORMATION:

Please list a non-resident whom we can notify in case of emergency.

Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

## VEHICLE INFORMATION *(Please list all vehicles including motorcycles & campers):*

Make/Model #1:	Yr:	Color:	Tag No:	State:
Make/Model #2:	Yr:	Color:	Tag No:	State:
Make/Model #3:	Yr:	Color:	Tag No:	State:
Make/Model #4:	Yr:	Color:	Tag No:	State:

Office Use Only

Submit to:  
 Resolution Property Management, LLC  
 7 Bernards Rd.  
 Merrimack, NH 03054-2782

Date Received: \_\_\_\_\_