

UPDATE OF RESIDENT INFORMATION

TO RESIDENTS OF MUTUAL 19B

THE INFORMATION REQUESTED BELOW WILL BE HELD IN CONFIDENCE BY YOUR BUILDING REPRESENTATIVE. IT IS FOR QUICK REFERENCE IN CASE OF EMERGENCIES. THEREFORE, PLEASE FILL OUT THE FORM BELOW AND RETURN IT TO YOUR BUILDING REPRESENTATIVE AS SOON AS POSSIBLE.

UNIT # _____ PARKING SPACE _____ DATE _____

NAME _____

HOME PHONE # _____ CELL # _____

DOES SECURITY (MAIN GATE) HAVE A KEY FOR EMERGENCIES?

YES ___ NO ___

ARE KEYS ALSO WITH: RELATIVE ___ FRIEND ___

NAME & PHONE NUMBER OF THAT INDIVIDUAL _____

IN CASE OF EMERGENCY, LIST CONTACTS BELOW:

#1 NAME _____ RELATION _____

HOME PHONE # _____ CELL # _____

#2 NAME _____ RELATION _____

HOME PHONE # _____ CELL # _____

IF THE BUILDING NEEDS TO BE EVACUTATED, WOULD YOU NEED ASSISTANCE?

YES ___ NO ___