

Parklane Towers, Inc.

## Emergency Contact Form

Revised: January 18, 2020

Shareholder: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

In case of sickness or accident, please notify:

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone: \_\_\_\_\_

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Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Telephone: \_\_\_\_\_

Any major health concerns to make known to medical services?

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