



THE OAKS CONDOMNIUM ASSOCIATION

EMERGENCY CONTACT INFORMATION

UNIT # _____

Owner/Tenant Name: _____ Owner, Tenant, Resident

Do you require emergency assistance in the event of a power outage? Yes, No

If yes, please briefly explain: _____

In case of emergency, please contact:

Primary Contact: _____ Relationship: _____

Telephone #1: _____ Home, Work, Mobile

Telephone #2: _____ Home, Work, Mobile

Telephone #3: _____ Home, Work, Mobile

Secondary Contact: _____ Relationship: _____

Telephone #1: _____ Home, Work, Mobile

Telephone #2: _____ Home, Work, Mobile

Telephone #3: _____ Home, Work, Mobile

Signature

Date

Printed Name