



## EMERGENCY CONTACT FORM

Date \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

### Resident Information Update

Dear Residents:

For the safety and well being of our residents and to help us in providing the best possible management of our properties, Community Corporation of Santa Monica would like to update our resident information. The purpose of this form is to collect current emergency contact information, vehicle information and updated phone numbers (helpful in reaching you for maintenance and other scheduling). Please complete this form and return it to your building manager or the CCSM Main Office as soon as possible:

Home Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_

### Emergency Contacts

In the event of an emergency and we had to contact a family member or friend on your behalf, whom should we contact? Please list two emergency contacts:

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

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

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Vehicle Information

	MAKE	MODEL	LICENSE PLATE #	NAME OF REGISTERED OWNER
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

1423 SECOND STREET, SUITE B, SANTA MONICA, CA 90401 (310) 394-8487 FAX 395-4336



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