



## MHCO Form 54: Emergency Contact

Revised 1-2017 | This form is exclusively licensed to:

Name of Community/Park:

Address:

DATE \_\_\_\_\_

RESIDENT NAME \_\_\_\_\_

ADDRESS & SPACE # \_\_\_\_\_

Pursuant to state laws, we are required to regularly update our community resident records. Please provide the name, address and phone number of someone to contact in the event of an emergency or death of the resident.

NAME OF CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME OF CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

