

Resident Emergency Information Form

Date:

Owner Information

First and Last name	
Property address	
City, State and Zip	
Mailing address (if different)	
City, State and Zip	
Home phone	
Work phone	
Cellular phone	
Email address	

Emergency Information

Emergency contact's name	
Relationship	
Address	
Phone number(s)	

Occupant(s) Information

Number of permanent occupants	# of Adults:	# of Minors:	
**Do any of these occupants have a handicap that you would like us to be aware of?	Circle:		
	Yes	NO	
**If yes, please provide a brief description of their handicap.			
Number of pets (if applicable)	# of Dogs:	# of Cats:	# of Other:

Vehicle Information

Car 1	Make:	Model:	Color:	Plate:
Car 2	Make:	Model:	Color:	Plate:
Car 3	Make:	Model:	Color:	Plate:
Car 4	Make:	Model:	Color:	Plate:

This form should be completed and returned to Community Management Solutions, Inc. at P.O. Pox 1177, Frankfort, IL 60423. Please note that this information will be held in strict confidence and will only be utilized for administrative purposes or in the event of an emergency.

****Residents with a handicap ARE NOT required to disclose this information. It is the individual's choice to determine if they wish to complete that section of the form.**