

## Shore Mariner Condominium Association

### EMERGENCY NOTIFICATION FORM

Please complete this emergency information form and return as soon as possible. List three (3) people who can be contacted in case of emergency, when you are away from your unit. Notify the manager of any changes and be sure he has keys to your unit.

Owner Names \_\_\_\_\_ Unit \_\_\_\_\_

To receive important information and Minutes from the Board of Directors, please include e-mail.

**Owner's E-Mail Address:** \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Away Address \_\_\_\_\_  
Street City State Zip

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

(1) \_\_\_\_\_  
Name Address City State Zip

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

(2) \_\_\_\_\_  
Name Address City State Zip

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

(3) \_\_\_\_\_  
Name Address City State Zip

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

COMMENTS: \_\_\_\_\_