cc: Finance

CITY OF CERES
EMERGENCY DATA FORM

Last Name | First Name | Middle Name

Home/Mailing Address | City/Zip Code | Telephone

****

In the event of serious injury or other emergency, please notify the following persons:

Personal Physician | Address | Telephone

Last Name | First Name | Telephone

Home Address | City/State/Zip | Relationship

Last Name | First Name | Telephone

Home Address | City/State/Zip | Relationship

Last Name | First Name | Telephone

Home Address | City/State/Zip | Relationship

It is incumbent upon the employee to notify Personnel immediately should you change your address, phone number, or any other item affecting notification during an emergency.

Employee Signature | Date Signed

word\forms\emergency data