

**SEYMOUR I. HOLLANDER APARTMENTS**  
**RESIDENT EMERGENCY CONTACT FORM**

Tenant Name(s): \_\_\_\_\_

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

**Emergency Contact #1:**

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

Address: \_\_\_\_\_ Phone(hm): \_\_\_\_\_

\_\_\_\_\_ Phone(wk): \_\_\_\_\_

Email: \_\_\_\_\_ Phone(cell): \_\_\_\_\_

**Emergency Contact #2:**

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

Address: \_\_\_\_\_ Phone(hm): \_\_\_\_\_

\_\_\_\_\_ Phone(wk): \_\_\_\_\_

Email: \_\_\_\_\_ Phone(cell): \_\_\_\_\_

I give Seymour I. Hollander Apartments my consent to contact the above-named people in the instance of my illness, hospitalization, incapacity, or with other matters related to Hollander House.

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Signature of 2nd Tenant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed