

**TOWN OF MONROE**

**Emergency Contact Form**

**EMPLOYEE INFORMATION:**

NAME (LAST, FIRST, MIDDLE): \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

PHONE NUMBER (INCLUDE HOME, CELLULAR NUMBERS)

Home \_\_\_\_\_ Cellular \_\_\_\_\_

**IN CASE OF AN EMERGENCY:**

**PRIMARY CONTACT:** \_\_\_\_\_ Relationship: \_\_\_\_\_

PHONE (INCLUDE HOME, WORK, CELLULAR PHONE NUMBERS)

Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

**SECONDARY CONTACT:** \_\_\_\_\_ Relationship: \_\_\_\_\_

PHONE (INCLUDE HOME, WORK, CELLULAR PHONE NUMBERS)

Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_