



# Emergency Contact Form

City of North Bend

Please Print Clearly

Employee Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

*In case of emergency, please notify:*

Name of Emergency Contact #1: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Name of Emergency Contact #2: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_

\*This information will be used for City business only.