



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.**