

**VILLAGE OF BAYSIDE
EMERGENCY CONTACT SHEET**

Please check all that apply: New Employee___ Name or Address Change___ Vehicle___ Contact Info___

Employee Last Name:_____ First Name:_____

Address:_____

City:_____ Zip Code:_____

Home Phone # _____

Cell Phone # _____

Email _____

Vehicle make _____ Model _____ Color _____ License # _____

Vehicle make _____ Model _____ Color _____ License # _____

In case of emergency, contact:

#1. _____
Print Name and Relationship

Please list the preferred number to contact this person at first:

Phone Number(s) _____

Email _____

#2. _____
Print Name and Relationship

Please list the preferred number to contact this person at first:

Phone Number(s) _____

Email _____

#3. _____
Print Name and Relationship

Please list the preferred number to contact this person at first:

Phone Number(s) _____

Email _____

Please notify Human Resource Department immediately of any changes.

Date:_____ Signature:_____