

Town of Reading

EMERGENCY RECORD

Employee Name: _____

Address: _____

Phone #: _____ Cell#: _____

In the event of an emergency, please contact:

Contact 1.

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Cell#: _____

Contact 2.

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Cell#: _____

(Please be sure to give the name, address, and phone number of TWO persons to be notified in an emergency in case one cannot be reached)

