



EMERGENCY INFORMATION

Please print clearly and return to Pat Fishback (13457) immediately.

_____ W Desert Glen Drive Date: _____

Owner(s) of Record/Renter(s): _____
(Please circle one)

Email: _____ 1st Ph: (_____) _____

Email: _____ 2nd Ph: (_____) _____
(If 2nd Owner of Record)

1. Whom should we contact in an emergency while you're here in Sun City West?

Name: _____ Cell Ph: (_____) _____

Address: _____ City: _____ State: ____ Zip: _____

Name: _____ Cell Ph: (_____) _____

Address: _____ City: _____ State: ____ Zip: _____

2. Who locally has a key ☐ door code ☐ for this unit? Fire Dept. Lock Box has key/code ☐

Name: _____ Cell Ph: (_____) _____

3. If you DO NOT live year-round at this address, your SUMMER RESIDENCE is:

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ E-mail: _____

4. If we *cannot* reach you regarding a summer emergency, whom should we contact?

Name: _____ Cell Ph: (_____) _____

Address: _____ City: _____ State: ____ Zip: _____

Do you notify the SCW Posse of your annual arrival and departure? ☐ Yes ☐ No

Does someone check your residence regularly during your absence? ☐ Yes ☐ No

Signed: _____

(If multiple renters or owners, only one need sign)