

Enhanced Tenant Emergency Contact Information

Date: _____

Dear [Tenant's Name],

As part of our commitment to ensure the safety and well-being of all our tenants, we are implementing an Enhanced Tenant Emergency Contact Information program. This program allows us to access vital information in case of emergencies.

We kindly ask you to provide the following information:

Emergency Contact Information

Primary Contact Name: _____

Relationship to Tenant: _____

Phone Number: _____

Alternate Contact Name: _____

Relationship to Tenant: _____

Phone Number: _____

Medical Information

Relevant Medical Conditions: _____

Allergies: _____

Primary Physician's Name: _____

Primary Physician's Phone Number: _____

Additional Instructions

Please provide any additional instructions or information that may be necessary in an emergency:

Thank you for your cooperation in ensuring a safe living environment for all.

Sincerely,

[Your Name]

[Your Title]

[Company/Property Management Name]