

Vendor Emergency Liaison Information

Date: [Insert Date]

To: [Vendor Name]

From: [Your Company Name]

Subject: Emergency Liaison Contact Information

Dear [Vendor Contact Name],

In the event of an emergency, it is crucial that we have immediate access to the appropriate contacts within your organization. Please provide us with the following emergency liaison information:

- **Primary Emergency Contact Name:** [Insert Name]
- **Title:** [Insert Title]
- **Phone Number:** [Insert Phone Number]
- **Email Address:** [Insert Email]
- **Alternate Emergency Contact Name:** [Insert Name]
- **Title:** [Insert Title]
- **Phone Number:** [Insert Phone Number]
- **Email Address:** [Insert Email]

Please respond at your earliest convenience. This information is vital for ensuring swift communication and response during emergencies.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]