

CONFIDENTIAL Emergency Information

Please complete the following information and return it to us at your earliest convenience. Thank You.

| Resident Na | me: | | |
|----------------------------|------------------------|-----------------------|---------------------|
| Property Ad | dress: | | |
| Mailing Add | ress: | | |
| Tenant 1Nan | <u>ne</u> | Cell #: | |
| Work #: | | Email Address: | |
| Tenant 2 Nar Home #: | <u>me</u> | Cell #: | |
| Work #: | | Email Address: | |
| | EMERGENCY CO | ONTACT INFORMAT | TION |
| Please list the emergency. | e names of two (2) peo | ple, who can be conta | acted in case of an |
| Name | Relationship | Home Phone | Cell Phone |
| | | | |
| Additional I | nstructions: | | |

PLEASE RETURN TO:

Central Coast Properties
PO Box 2872
Camarillo, CA 93011
Telephone 805.389.6803 Fax 805.389.6804
Email: admin@ccprealestate.com