



Manufactured Housing Communities of Oregon

MHCO Form 54: Emergency Contact

Revised 11-2-2012 | This form is exclusively licensed to:

Name of Community/Park:

Address:

Date: _____

Resident Name: _____

Address & Space # _____

Pursuant to state laws, we are required to regularly update our community resident records. Please provide the name, address and phone number of someone to contact in the event of an emergency or death of the resident.

Name of Contact : _____ Relationship: _____

Address: _____ City, State, Zip: _____

Phone Number: _____

Name of Contact : _____ Relationship: _____

Address: _____ City, State, Zip: _____

Phone Number: _____



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