

**Commonwealth Real Estate Services**  
18150 SW Boones Ferry Road  
Portland, Oregon 97224  
(503) 244-2300  
(503) 768-4660 Fax

## EMERGENCY CONTACT

**FORM  
29**

DATE: \_\_\_\_\_ RESIDENT(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SP #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: Oregon ZIP: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT THAN ABOVE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ OTHER PHONE #: \_\_\_\_\_

### **NEAREST LOCAL CONTACT**

Please provide the name, address and phone number of someone to contact (i.e., nearest local contact, authorized representative, attorney, etc.) in the event of an emergency or death of the resident.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

### **AUTHORIZED REPRESENTATIVE**

☐ PERSONAL REPRESENTATIVE ☐ ATTORNEY ☐ OTHER

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

It is the responsibility of the occupants to notify Community Management should this information change during residency. Please complete a new form in the event of a change in the above information.

White - Resident File      Yellow - Resident