

**EMERGENCY CONTACT INFORMATION FORM**

This information is **confidential** and will be treated as such. IMPORTANT: Please contact your Human Resources Administrator if any information changes so that your file has your current information. (Please print all information)

**Employee's Name** Marco Lanza

Home Address 226 Yale Road Menlo Park 94025  
Street City Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cellular 650-229-3331 Pager/E-mail marco@lanza.net

**FIRST EMERGENCY CONTACT:**

Name Mike Lanza

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone 415-641-1985 E-Mail mike@lanza.net

Out of State contact for emergencies: \_\_\_\_\_  
(Optional) Name Phone State

**SECOND EMERGENCY CONTACT:**

Name Perla Ni

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone 415-902-2659 E-Mail ni.perla@gmail.com

Out of State contact for emergencies: \_\_\_\_\_  
(Optional) Name Phone State

**Please provide information on anything you think should be known in the event of an emergency.**

Call one of my parents listed above.

**Employee's Signature** Marco Lanza Date 6/1/25

This form is to be filed with the Emergency Preparedness plan.

This form is **not** to be included in the Employee's personnel folder.