

UNIT NO: \_\_\_\_\_

**EMERGENCY/"GATE" CONTACT INFORMATION**

It is imperative that we have the following information for our new computer program "Gate".  
Fill in **UNIT NO: above** and provide us with as much accurate information as possible.

**NAME AND AGE OF ALL PERSONS LIVING IN UNIT:**

RESIDENT (1): \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

RESIDENT (2): \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

RESIDENT (3): \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

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

WORK NO: \_\_\_\_\_ CELL PHONE/VACATION NO: \_\_\_\_\_

LICENSE PLATE NO:    AUTO 1: \_\_\_\_\_    AUTO 2: \_\_\_\_\_

MAKE/MODEL/COLOR:    AUTO 1: \_\_\_\_\_    AUTO 2: \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY EVACUATION OR POWER FAILURE WOULD YOU NEED ASSISTANCE?    YES \_\_\_\_\_    NO \_\_\_\_\_

PETS: ONE PET/HOUSEHOLD    YES \_\_\_\_\_    NO \_\_\_\_\_    BREED \_\_\_\_\_    COLOR \_\_\_\_\_

**LICENCE REQUIRED, PLEASE ATTACH**

**EMERGENCY CONTACTS:**

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

TELEPHONE NO: \_\_\_\_\_ CELL NO: \_\_\_\_\_

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

TELEPHONE NO: \_\_\_\_\_ CELL NO: \_\_\_\_\_

**POWER OF ATTORNEY:**

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

TELEPHONE NO: \_\_\_\_\_ CELL NO: \_\_\_\_\_

Unit owner (if different than resident): NAME: \_\_\_\_\_

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

TELEPHONE NO: \_\_\_\_\_ CELL NO: \_\_\_\_\_

***Note: If you have additional information please, indicate and list on back of this form.***

