City of Artesia
Emergency Contact Information Card

Employee Information

Employee Name: [_____] [_____]
First Name / Last Name

Employee Address: [_____] [_____] [_____]
Street / City / Zipcode

Primary Phone: [_____] **Secondary Phone:** [_____]

Personal Email: [_____]

Emergency Contact Information

Primary
Emergency Contact: [_____] [_____]
First Name / Last Name

Contact Address: [_____] [_____] [_____]
Street / City / Zipcode

Primary Phone: [_____] **Secondary Phone:** [_____]

Relationship to Emergency Contact: [_____]

Secondary
Emergency Contact: [_____] [_____]
First Name / Last Name

Contact Address: [_____] [_____] [_____]
Street / City / Zipcode

Primary Phone: [_____] **Secondary Phone:** [_____]

Relationship to Emergency Contact: [_____]

Important Info: [_____]