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Emergency Information Form

The following information is needed from each employee. It will be used only in the event of emergency and/or disaster.

Primary Emergency Contact:

Name: _____

Relation to you: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Secondary Emergency Contact:

Name: _____

Relation to you: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Signature: _____ Date: _____