

IN CASE OF AN EMERGENCY

I, _____, a resident of _____

Apartment No. _____, hereby grant permission to Robb Fairchild Realtor CRS to contact:

Name _____

Address _____

Phone _____

and/or

Name _____

Address _____

Phone _____

in the event of an emergency including, but not limited to, accident, injury or hospitalization, or other circumstances when I can no longer adequately provide self care within the apartment.

Resident Signature: _____ Date: _____

Resident Signature: _____ Date: _____



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