



# CITY OF SAN CLEMENTE

## Emergency Contact Information

This form is placed in your personnel file and will be referred to in the event of an emergency.

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**Employee Information:** \_\_\_\_\_  
*Name*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Primary Emergency Contact:** \_\_\_\_\_  
*Name* *Relationship*

**Home Address:** \_\_\_\_\_  
*Street*

\_\_\_\_\_

*City* *State* *Zip*

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Secondary Emergency Contact:** \_\_\_\_\_  
*(Optional)* *Name* *Relationship*

**Home Address:** \_\_\_\_\_  
*Street*

\_\_\_\_\_

*City* *State* *Zip*

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_