



Condominium Trust / 42 Eighth Street / Charlestown / MA 02129 / tel. 617.952.0108 / www.parrislandingcondominium.com

### Parris Landing Emergency Contact Information Form

Unit # \_\_\_\_\_ Owner \_\_\_\_\_ Renter \_\_\_\_\_  
 Resident Name \_\_\_\_\_  
 Resident Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*At your discretion, please provide the Management Office with the contact information for persons you would like to have notified in the event of sudden illness, death or other emergency. We will pass this information along to the proper authorities as necessary, but neither Management nor Parris Landing Condominium Trust assumes responsibility or liability resulting from its use or non-use. For your own protection, please fill out this form and return it to the Management Office.*

#### IN CASE OF AN EMERGENCY PLEASE NOTIFY THE FOLLOWING:

_____	_____
Name	Phone Number
_____	_____
Address	Relationship
_____	_____
Name	Phone Number
_____	_____
Address	Relationship

*If you have any physical disabilities we should know about in the event of fire or any other emergency, please explain:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's Name or Hospital Affiliation \_\_\_\_\_ Phone Number \_\_\_\_\_

*I/We have read the foregoing emergency information sheet, understand the contents thereof and to the use of/lack of use of the emergency information as decided by Management. I/We agree not to hold Management or the Trustees of Parris Landing Condominium liable for the use of/lack of use of said information. I/We further agree the I/We will update this information on an annual basis or more often as is necessary to keep Management informed of any changes in the information.*

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_

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*I/We have read the foregoing emergency information sheet, understand the contents thereof and decline to provide said information. I/We agree not to hold Management or the Board of Parris Landing liable for failure to obtain said information.*

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_