



CUMBERLAND HOUSING
Unlocking the Doors for Your Future

EMERGENCY NOTIFICATION

I, _____ am a resident of _____
Development, unit number _____ which is a Cumberland Housing owned and operated unit.

The following information is provided and authorized to be used by Cumberland Housing personnel, health or medical providers or law enforcement officers to notify a contact person in the event of an **emergency** situation involving myself.

Primary Contact

Secondary Contact

Name: _____

Name: _____

Address: _____

Address: _____

Telephone #: _____

Telephone #: _____

Telephone #: _____

Telephone #: _____

Other Important Information:

Resident Signature: _____

Date: _____

Witness: _____

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