

RENTERS EMERGENCY INFORMATION

(Document must be filled out by Lessee and submitted to the office)

Renter's Name: _____

Renting Start and End Dates: From _____ To _____

Renter's Physical Away Address: _____

Renting From Resident: _____

Summer Renting Address: _____ City _____ St _____ Zip _____

Phone number: _____ Cell number 1: _____ Cell number 2: _____

Email Address: _____

YOU'RE CONTACT PERSON(S)

1. Name: _____
Phone number: _____ Cell number: _____
Email: _____
2. Name: _____
Phone number: _____ Cell number: _____
Email: _____

List near relatives: Name _____ Phone/Cell numbers: _____

Your special medications that need special handling (for instance –Insulin in the refrigerator)

If power fails, are your meds at risk? _____

Do you have any medical devices that need electricity (inhaler, oxygen, condenser, etc.?)

When you are away and if you have someone caring for your yard, please tell us who they are and what their contact number is: Name _____ Phone number: _____

If your property develops a problem such as the sprinkler system fails or the roof leaks or the screens/windows/doors have been tampered with, whom should we call for your input (repairs to be done, etc?) Name: _____ Phone number: _____

Anything else specific to or for you? _____

PLEASE RETURN TO SEPO'S OFFICE MANAGER