

Monterey Peninsula Airport District

EMERGENCY DATA FORM

TO: Personnel File
FROM: _____
DATE: _____

Please contact the following person in the event that I become incapacitated at work and become unable to speak for myself:

CONTACT'S NAME: _____
CONTACT'S PRIMARY TELEPHONE NUMBER: _____
CONTACT'S SECONDARY TELEPHONE NUMBER: _____

If there is no response at the contact's telephone number(s), please notify the following alternate contact of the emergency:

ALTERNATE'S NAME: _____
ALTERNATE'S PRIMARY TELEPHONE NUMBER: _____
ALTERNATE'S SECONDARY TELEPHONE NUMBER: _____

SIGNED: _____