

City of Martinsville – Emergency Contact Form

Employee Name:
Department:
Physical Address:
Mailing Address:
Home Phone Number:
Cell Phone Number:
Email Address:

Primary Emergency Contact

Contact Name:
Relationship to Employee:
Home Phone:
Work Telephone:
Cell Phone:
Email Address:

Secondary Emergency Contact

Contact Name:
Relationship to Employee:
Home Telephone:
Work Telephone:
Cell Phone:
Email Address:

Signature:	Date:
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HR use only:
