



Date: \_\_\_\_\_

It is important that we have the information requested below to update our files. Please be sure to fill in the number of people living in apartment, and the ages of any children (this information is required by the Fire Department.)

**EMERGENCY INFORMATION**

Name of Resident (1): \_\_\_\_\_ Birthday: Month \_\_\_\_ Day \_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cellular Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Name of Resident (2): \_\_\_\_\_ Birthday: Month \_\_\_\_ Day \_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cellular Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Name of Resident (3) or Children \_\_\_\_\_ Birthday: Month \_\_\_\_ Day \_\_\_\_

Name of Resident (4) or Children \_\_\_\_\_ Birthday: Month \_\_\_\_ Day \_\_\_\_

Please add additional lines if required

**FOR BROOKLINE FIRE DEPARTMENT**

# of adults living in unit: \_\_\_\_\_ # of children living in unit: \_\_\_\_\_

Ages of children \_\_\_\_\_

Would you require assistance in the event of a fire? Please remember elevator will not be operational and you will need to use the staircase. Yes \_\_\_\_ No \_\_\_\_

**PERSONS TO CONTACT IN AN EMERGENCY (other than you):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_