

2008
City of Kenosha
Emergency Information Form

Please list at least one contact person below that the City Staff can utilize in the event of your illness or injury

Date: _____

Employee's Name: _____

Employee's Department/Division: _____

Emergency Contact #1:

Name (relationship): _____

Phone: _____

Emergency Contact #2:

Name (relationship): _____

Phone: _____

Emergency Contact #3:

Name (relationship): _____

Phone: _____

This form will be kept in the Personnel Department and used only in the case of an emergency. You will be asked to update this information annually. Please request another form if any of your emergency contact information changes.

**RETURN COMPLETED FORM TO THE
PERSONNEL DEPARTMENT**