

## **CCHA Mandatory Emergency Information Form**

Address of Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Print – First & Last Names of residents living in unit: (Including minor children)

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Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Wk: \_\_\_\_\_

Email Address of resident in unit: \_\_\_\_\_

Email Address of resident in unit: \_\_\_\_\_

Resident Status (check one): Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Resident Vehicle Information (list all vehicles):

Year/Make/Model	Color	License Plate Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pet Information (Limit 2)      Number \_\_\_\_\_      Breed/Description: \_\_\_\_\_

Names of Pets

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**Emergency Contact:** Please provide name of relative or friend with KEYS to Your Home in case you cannot be reached

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

Owner's information if different than above:

Owner's Name & Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

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

- ☐ Check if you authorize us to email notices and correspondence with you.

Please return to the CCHA Mailbox or Fax to 630-208-1411 or email to [ccha1490@sbcglobal.net](mailto:ccha1490@sbcglobal.net) within 20 Days of receiving form. A fine will be issued to those who do not fill out and return this form. *Disclaimer: This information will be kept confidential with the purpose to improve the quality of service and will not be shared with any outside sources.*