

## **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):**

<b>Year/Make/Model</b>	<b>Color</b>	<b>License Plate Number</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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.*