



CITY OF LAGUNA NIGUEL

EMERGENCY CONTACT INFORMATION

In an effort to keep our records current, we are requesting that all employees complete the following emergency contact information. Should any of this information change, please contact Human Resources to complete a new form.

Emergency Contact Name:

Emergency Contact Address:

Emergency Contact Phone Number(s):

Home: _____

Work: _____

Mobile: _____

Employee's Printed Name

Date

Employee's Signature