

## 2017 - Emergency Contact Form

**PLEASE PRINT ALL DETAILS CLEARLY**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Date of Birth

Permanent Home Address:

Is this a new address? \_\_\_Yes \_\_\_No

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Cell Phone: Area Code ( )

Home Telephone: ( )

Additional Home Address:

Is this a new address? \_\_\_Yes \_\_\_No

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Cell Phone: Area Code ( )

Home Telephone: ( )

**PLEASE ATTACH A COPY OF YOUR POWER OF ATTORNEY PAPERWORK TO THIS DOCUMENT**

\_\_\_\_\_  
INITIAL HERE IF YOU DO NOT HAVE A POWER OF ATTORNEY

**RETURN TO: POLICE PENSION, PO BOX 94729, SEATTLE, WA 98124**

**EMERGENCY CONTACT INFORMATION:**

**(1) Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

**Telephone ( )** \_\_\_\_\_ **Daytime Phone # ( )** \_\_\_\_\_

**(2) Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

**Telephone ( )** \_\_\_\_\_ **Daytime Phone # ( )** \_\_\_\_\_

**ADDITIONAL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information requested on this card is confidential and for emergency use only. In the event of an emergency, this information will be used by Police Pension Personnel only.

In the case of emergency, I give permission for my information to be released to my emergency contacts listed on this card as needed.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_