

## **Emergency Information Form**

**(fill out and drop in treasurer's box)**

The Live Oak Community Board of Directors need the following information to update Association records. This information is kept confidential (locked in the Club House office) and only used for Association purposes.

Name of Homeowner(s)\_\_\_\_\_

Address\_\_\_\_\_

Telephone numbers – (home)\_\_\_\_\_ (cell)\_\_\_\_\_

Email address(s)\_\_\_\_\_

Do you prefer to have your monthly newsletter emailed\_\_\_\_\_ or print\_\_\_\_\_

If needed – do you prefer to be contacted by Phone\_\_\_\_\_ Text\_\_\_\_\_ Email\_\_\_\_\_

Homeowner's Birthdays (Month and Day only for Newsletter Calendar)

Him\_\_\_\_\_ Her\_\_\_\_\_

Name and telephone number of person(s) you would like us to notify in a case of emergency of health or home:

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

Name and telephone number of person(s) who have a key to your home, in case of emergency:

\_\_\_\_\_

If you have a pet, what is/are their name(s); who may we notify to help provide care until someone is reached in case of emergency:

Pets Name & Breed\_\_\_\_\_

Care giver:\_\_\_\_\_

Please attach copy of current rabies vaccine certification. (explain if not attached) (Must be submitted when new vaccine administered)

\_\_\_\_\_