

2013
City of Kenosha
Emergency Information Form

Please list at least one contact person below that the City staff can utilize in the event of an emergency or you become ill or injured at work.

Date: _____

Employee's Name: _____

Employee's Department/Division: _____

Emergency Contact #1:

Name (relationship): _____

Phone: _____

Emergency Contact #2:

Name (relationship): _____

Phone: _____

Emergency Contact #3:

Name (relationship): _____

Phone: _____

This form will be kept in the Department of Human Resources and used only in the case of an emergency. You will be asked to update this information annually. Please complete a new form any time your emergency contact information changes.

**RETURN COMPLETED FORM TO THE
HUMAN RESOURCES DEPARTMENT**