

Lakeridge Condominium Association, Inc  
A 55 and Older Community

**INFORMATION FOR USE IN EMERGENCIES**

Date \_\_\_\_\_ Unit # \_\_\_\_\_

Phone Number(s)  
\_\_\_\_\_

Name of Owner(s)  
\_\_\_\_\_

Other Occupants  
\_\_\_\_\_

Major physical limitations you care to disclose  
\_\_\_\_\_  
\_\_\_\_\_

Will you need assistance to exit the building in case of emergency?  
\_\_\_\_\_

Primary Care Physician/Clinic  
\_\_\_\_\_

Address \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

#1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s)  
\_\_\_\_\_

Address \_\_\_\_\_

#2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s)  
\_\_\_\_\_

Address \_\_\_\_\_

Does the Lakeridge Office have keys to your Condominium Unit? (\_\_\_\_) Yes (\_\_\_\_) No

Does anyone else have keys to your Condominium Unit? (\_\_\_\_) Yes (\_\_\_\_) No

If yes, Their Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Do you employ outside assistance (Caregiver, etc)? (\_\_\_\_) Yes (\_\_\_\_) No

If yes, Their Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

I/We, the undersigned, submit this information voluntarily and authorize its use for our benefit in case of emergencies. We will not hold the Lakeridge Condominium Association, Inc Officers, Board of Directors, or any person appointed by the aforementioned, libel in the discharge of any duties performed by them.

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Signature

Printed Name

Date

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Signature

Printed Name

Date