

Kathy Richards Management, Inc.



the
"CAREtakers"

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EQUAL HOUSING
OPPORTUNITY

BARRIER FREE UNITS AVAILABLE

TENANT EMERGENCY INFORMATION

(The completion of this form is strictly voluntary. It will be used to protect our residents in the event of emergency only.)

This institution is an equal opportunity provider and employer.

1. Apartments _____ City, State _____

2. Address _____ Tel.# _____

3. Persons to contact in case of emergency:

Name	Phone #	Name	Phone #
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4. Physician: _____ Phone _____

5. Hospital _____ Phone _____

6. Medications being taken: _____

7. Where medications are located: _____

8. Names of all the people who are allowed in your apartment to remove your belongings if you should become disabled:

Name	Phone	Name	Phone
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8. It is your responsibility to report any changes in these names, addresses or phone numbers. Also a change in medication or location of it. Please submit the changes in writing.

9. Signature _____ Date _____

