

EMERGENCY CONTACT FORM

Please complete the below information.

Building Unit #:	Four Direction Dwellings #
Mailing Address:	
Resident #1 Name:	
Phone:	
Email:	
Resident #2 Name:	
Phone:	
Email:	
Resident #3 Name	
Phone:	
Email:	
Resident #4 Name:	
Phone:	
Email:	
Pets in the Unit?	No or Yes (if yes, list below)
Pet Description:	

In case of an emergency, I authorize Management to contact the following person(s):

Name:	
Phone:	
Alt. Phone:	

Name:	
Phone:	
Alt. Phone:	

Signature _____

Date _____

*Please send to Jennifer Kennedy at jenniferk@odysseyresorts.com
or mail to PO Box 1081 Grand Marais, MN 55604*