



CITY OF NEW HAVEN
DEPARTMENT OF HUMAN RESOURCES

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TONI N. HARP
MAYOR

EMERGENCY CONTACT FORM

I. Employee Name _____
Title _____
Department _____
Work Location Address _____
Work Telephone _____

II. Home Address _____
Home Telephone _____

III. In case of an emergency, please contact:

Name _____ -OR- Name _____
Telephone _____ Telephone _____
Relationship _____ Relationship _____

Name & Telephone of Primary Care Physician _____

Employee Signature: _____

Date: _____

This Emergency Contact Form is maintained by the Department of Human Resources, and is to be used only in cases of emergency.