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EMERGENCY CONTACT FORM

**PERSON TO NOTIFY AND PERSON YOU AUTHORIZE TO TAKE POSSESSION OF
YOUR PERSONAL PROPERTY* IN CASE OF EMERGENCY, UNTIMELY
INCAPACITATED, INCARCERATION OR DEATH**

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

MAIN PHONE # _____

CELL NUMBER # _____

WORK # _____

***NOTE. MANAGEMENT IS **NOT** RESPONSIBLE FOR ANY DAMAGE TO A RESIDENT'S PROPERTY
UNLESS CAUSED BY NEGLIGENCE ON THE PART OF MANAGEMENT. RESIDENTS ARE STRONGLY
ADVISED TO OBTAIN RENTER'S INSURANCE TO COVER LOSS OR DAMAGE TO THEIR
PROPERTY.**

TENANTS NAME:

TENANTS SIGNATURE:

DATE: