



CITY OF URBANDALE EMPLOYEE CONTACT FORM

NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

EMERGENCY CONTACTS

Primary Contact Name: _____

Relationship to Employee: _____

Home Phone: _____

Cell Phone: _____

Secondary Contact Name: _____

Relationship to Employee: _____

Home Phone: _____

Cell Phone: _____

I authorize the City of Urbandale to notify the people identified above in case of an emergency occurring at work or in the event I am injured or incapacitated at work.

EMPLOYEE SIGNATURE

DATE