



YORKTOWN MEDICAL CENTER
EMERGENCY CONTACT FORM

In the event of an emergency, we would like to have the most accurate contact information on file for each of our tenants. Please fill in the following information and e-mail this form to Sarah Cook, Real Estate Services Administrator, at scook@awproperty.com.

Tenant Business Name: _____

Suite Number: _____

Back Line Phone Number: _____

Emergency Contact #1

Name: _____

Cell Phone Number: _____

Emergency Contact #2

Name: _____

Cell Phone Number: _____

Emergency Contact #3

Name: _____

Cell Phone Number: _____

****This information will be kept confidential and only shared with municipal authorities if needed and in the event of emergency****