

Coppola Realty Management Services, Inc.
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Boston, MA 02120
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Emergency Notification Form

Date: _____

Name(s): _____

Apartment Address: _____

Tenant Phone Number(s): _____

Tenant Email Address(es): _____

IN THE EVENT OF AN EMERGENCY PLEASE NOTIFY THE FOLLOWING PERSON:

Tenant #1 Emergency Contact:

Name: _____

Address: _____

City/State: _____

Phone#: _____

Email Address: _____

Relationship: _____

Tenant #2 Emergency Contact:

Name: _____

Address: _____

City/State: _____

Phone#: _____

Email Address: _____

Relationship: _____