

Emergency Contact Form

Name: _____

Personal Contact Info:

Home address: _____

City, State, Zip: _____

Home Phone: _____ Cell #: _____

Emergency Contact Info:

(1) Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home/Work Phone: _____ Cell #: _____

(2) Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home/Work Phone: _____ Cell #: _____

I have voluntarily provided the above contact information and authorize Navigate Power and its representatives, to contact any of the above on my behalf in the event of an emergency.

I choose not to furnish any emergency contact information to Navigate Power at this time.

Employee signature: _____ Date: _____