



# Emergency Contact Form

Please fill out this form and return it either by mail, in person, or via e-mail to the CITY OF LYNN HAVEN.

MAIL/PERSON: 825 OHIO AVE.  
LYNN HAVEN, FL 32444

E-MAIL TO: [hr@cityoflynnhaven.com](mailto:hr@cityoflynnhaven.com)

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s) #1: \_\_\_\_\_ #2: \_\_\_\_\_

## Contact

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Contact

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Contact

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Allergy

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there is a change in contact person(s), please contact us at 850-265-2121 x 126 or email us at [hr@cityoflynnhaven.com](mailto:hr@cityoflynnhaven.com).