

File #:	Initials:
Date Recei	ved:



Residential Properties

EMERGENCY CONTACT INFORMATION

Resident Name:				
In case of emergency, I give T	NT permission to cont	act the following person(s):		
Name:		Relationship:		
Address:				
		Phone #:		
Alternate Name:		Relationship:		
Address:		1		
		Phone #:		
Additionally, if for some reaso property, I authorize the follow		apacitated and unable to remove my ve my possessions:	belongings from the	
Name:		Relationship:		
Address:				
		Phone #:		
Resident Signature	Date	Resident Signature	Date	
0		0		
Agent Signature	Date			

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