

Board of Library Commissioner General and Emergency Contact Form

Please provide us with your contact information as well as the names of people who we should contact in case of an emergency while you are at the library. If any of this information changes, please, inform us immediately so we may update our records.

Board Member Contact Info

Name: _____

Home Phone: _(____)_____

Cell Phone: _(____)_____

Email: _____

Address: _____

Emergency Contacts

Name: _____

Relationship: _____

Home Phone: _(____)_____

Cell Phone: _(____)_____

Address: _____

ALTERNATE :

Name: _____

Relationship: _____

Home Phone: _(____)_____

Cell Phone: _(____)_____

Address: _____

Signature

Date