



CULLMAN COUNTY COMMISSION

Emergency Contact Form

Employee Name: _____ Employee #: _____

Department: _____ Hire Date: _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Primary Phone # _____ Secondary Phone # _____

Personal Email Address: _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____ City, State, ZIP _____

Primary Phone # _____ Secondary Phone # _____

Work Phone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____ City, State, ZIP _____

Primary Phone # _____ Secondary Phone # _____

Work Phone # _____ Employer _____

Any Additional Info:

_____ I have voluntarily provided the above contact information and authorize Cullman 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 Cullman County at this time.

Employee Signature

Date