



8552 Stephen Decatur Highway Berlin, MD. 21811

**Emergency Contact Form**

Dear Homeowner;

Please complete this form below, and return it to the **office immediately!** All prior information will be deleted and only the following information will be kept. This information will not be shared with anyone. If there are any questions please call Xanthe Lewis at the office 410-641-1671. We thank you for your cooperation in this matter. To return this form via fax use 410.641.1033 or by email use [aphoa.office@gmail.com](mailto:aphoa.office@gmail.com).

Thank You  
Board of Directors

Lot# \_\_\_\_\_ **PLEASE PRINT CLEARLY** Date: \_\_\_\_\_

1<sup>st</sup> Homeowners Name: \_\_\_\_\_

2<sup>nd</sup> Homeowners Name: \_\_\_\_\_

Primary Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Email Address: \_\_\_\_\_ 2<sup>nd</sup> Email Address: \_\_\_\_\_

1<sup>st</sup> Home Phone: \_\_\_\_\_ 2<sup>nd</sup> Home Phone: \_\_\_\_\_

1<sup>st</sup> Work Phone: \_\_\_\_\_ 2<sup>nd</sup> Work Phone: \_\_\_\_\_

1<sup>st</sup> Cell Phone: \_\_\_\_\_ 2<sup>nd</sup> Cell Phone: \_\_\_\_\_

A.P. Phone (if applicable) \_\_\_\_\_ How many gate cards do you have? \_\_\_\_\_

Gate Card numbers: \_\_\_\_\_

Do you Rent your home: \_\_\_ Yes \_\_\_ No

Do you allow Friends, Family, Relatives & others to use your home? \_\_\_ Yes \_\_\_ No

**Emergency Contact: (Who would we contact if something were to happen to you?)**

Contact Person: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

Email: \_\_\_\_\_