



**CONTACT INFORMATION FORM & EMERGENCY NOTIFICATION RECORD**  
**LAGUNA WOODS VILLAGE**

Please return completed form to Laguna Woods Village Community Center, Security Division,  
PO Box 2220, Laguna Woods, CA 92654-2220

**ONE INDIVIDUAL PER FORM - PLEASE PRINT ALL INFORMATION**

Manor # \_\_\_\_\_ Phone # \_\_\_\_\_ Resident I.D. # \_\_\_\_\_

Resident Name (1 only): \_\_\_\_\_ Date: \_\_\_\_\_

Manor is:  Owner Occupied  Leased

**NOTE: California Civil Code Section 4041 requires owners to provide annual written notice to the association of the following. This includes contact information of the legal representative, if any, including any person with power of attorney or other person who can be contacted in the event of an emergency or extended absence from the manor. Emergency contact information may be given to hospital personnel upon request.**

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Contact(s)**

Name: _____	Relationship: _____		
Address: _____ / _____ / _____ / _____			
Street Address	City	State	Zip Code
Phone Numbers: _____ / _____ / _____			
Home Phone	Work Phone	Cell Phone	
Email: _____			

Name: _____	Relationship: _____		
Address: _____ / _____ / _____ / _____			
Street Address	City	State	Zip Code
Phone Numbers: _____ / _____ / _____			
Home Phone	Work Phone	Cell Phone	
Email: _____			

**Attorney or Trustee Name:** (circle one or both) \_\_\_\_\_ Phone # \_\_\_\_\_

**Pet Care Contact Name:** \_\_\_\_\_ Phone # \_\_\_\_\_

**Special Circumstances (OPTIONAL):** Please check the conditions that apply to you:

<input type="checkbox"/> <b>TDD:</b> Telephone Device for the Deaf	<input type="checkbox"/> <b>VISION IMPAIRED</b>
<input type="checkbox"/> <b>EMERGENCY RESPONSE DEVICE</b>	<input type="checkbox"/> <b>HEARING IMPAIRED</b>
<input type="checkbox"/> <b>DEMENTIA</b> or Memory problems	<input type="checkbox"/> <b>NON-AMBULATORY</b>
<input type="checkbox"/> <b>LIFE-SUPPORT SYSTEM</b> including oxygen or dialysis equipment that requires electricity	Rev 10/18/17