EMERGENCY NOTIFICATION

This Emergency Notification form is dated effective as of the date on the Fairway Club Lease, which this Notification is attached to and made part of the Lease by and between Lessor and Resident for the Apartment Community identified in the lease. This emergency notification for shall remain in effect during the lease term and must be updated at renewal. Resident will notify Lessor of any changes to the information contained herein.

RESIDENT:			
		HOME PHONE:	
ADDRESS:		WORK PHONE:	
CITY, STATE, ZIP		CELLULAR PHONE/PAGER:	
EMERGENCY NOTIFICATION (Must be someone NOT	$\underline{\mathbf{r}}$ residing in the Apartment)	:	
NAME:		RELATION TO RESIDENT:	
ADDRESS:		HOME/CELL PHONE:	
CITY, STATE, ZIP		WORK PHONE:	
REQUEST FOR SPECIAL ASSISTANCE: In case of an emergency, including evacuation of my building, the below residents will need the			
following special assistance: NOTE: please list only those residents and occupants, including children, who are disable		n, who are disabled or who have special needs.	
NAMES:	NATURE OF ASSISTANCE REQUESTED:		
L	1		
DEATH OR INCAPACITY OF RESIDENT: In case of my of	death or incapacity, the following i	ndividuals may be granted access to the Premises	
and the contents therein:			
IAME:		RELATIONSHIP TO RESIDENT:	
<u> </u>		<u> </u>	

ADDRESS:		HOME PHONE:
CITY STATE ZID		WORK PHONE:
CITY, STATE, ZIP:		WORK PHONE:
Resident's Signature:	Date:	
Resident's Signature:	Date:	