

Instructions in Absence : Security and Emergencies

Please complete and return to the Superintendent. This information is held securely and is confidence and will only be accessible to the reception staff for use in cases of emergency or security

Apartment N° : _____

Date : _____

Name(s) of Occupier(s)	1	
	2	

Are you (please tick)

Leasee	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
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Home telephone N°	<input type="text"/>	Mobile N°	<input type="text"/>
Work telephone N°	<input type="text"/>	Email	<input type="text"/>

Storage Unit N°(s)	<input type="text"/>
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Next of kin / Person to contact in emergency

Name	<input type="text"/>	Contact N°	<input type="text"/>
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Is your apartment fitted with an intruder alarm (please tick):

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, details of key holders:

Name	Tel. N°.
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please provide any further information which you feel we may need to know :

This form was completed by (name) : _____ on (date) : _____

Signature : _____