



Stephens County Board of Commissioners

P.O. Box 386
Toccoa, Georgia 30577
(706) 886-9491
Fax (706) 886-2185

EMERGENCY CONTACT FORM

Employee Identification-Type or Print Clearly in Ink

Last Name First Middle Social Security Number

Street Address City State Zip Code

Employee Contact Information: Please provide telephone numbers where you can be reached in the event of an emergency.

Email: _____

Work # _____

Home# _____

Cell# _____

Please designate two (2) individuals to be contacted in the event of an emergency occurring while you are on duty. Please provide all requested pertinent information.

Primary Emergency Contact Person

To be contacted in the event of an emergency occurring while you are on duty.

Last Name First Relationship

Phone Number (Cell) Phone Number (Work) Phone Number (Home)

Secondary Emergency Contact Person

Last Name First Relationship

Phone Number (CELL) Phone Number (WORK) Phone Number (HOME)

Employee Signature Date