EMERGENCY CONTACT FORM

NAME: _____

ADDRESS: _____

I authorize the below-referenced person(s) to act on my behalf and/or remove my belongings in the event of my incapacity, departure, or death.

If, I elect not to identify an emergency contact or my emergency contact is unavailable, I waive the right to pass my belongings on to another party of my choosing and hereby authorize Reading Housing Authority to immediately dispose of my belongings in accordance with their policies and procedures.

Marked with an "X" ☒ the person you would like Reading Housing Authority to release any refunds you may be entitled to.

☐ Name: _____ Relationship: _____

Address: _____

Phone: _____

☐ Name: _____ Relationship: _____

Address: _____

Phone: _____

04/2023