

ADDISON FIRE PROTECTION DISTRICT #1
Emergency Notification

Employee

Name: _____

The following people should be notified in the event of a serious accident or upon my death:

1. Name: _____

Address: _____

Telephone # Home: _____ Work #: _____

Relationship: _____

2. Name: _____

Address: _____

Telephone # Home: _____ Work #: _____

Relationship: _____

3. Name: _____

Address: _____

Telephone # Home: _____ Work #: _____

Relationship: _____

Special Directions

Please consider how and by whom you would want to notify the people you have listed above:

It is understood that all attempts will be made to follow your wishes but due to availability of the named or circumstances beyond our control it may not be possible.

I wish to have a Fire Service Funeral Yes No

I have reviewed my departmental insurance beneficiary forms including those required for state and federal benefits.

Signature: _____ Date: _____