

TOWN OF FENWICK ISLAND EMERGENCY CONTACT FORM

Name _____ Date: _____

Fenwick Island Property Address: Mailing Address: Phone Number: _____ Email: _____ Email: ____ Is this your year-round residence: _____ If yes, list tenant name/phone: _____ Is this a seasonal rental: Name/phone # of property management company (if applicable): ______ Name/phone # of alarm system company (if applicable): **EMERGENCY CONTACT INFORMATION** Contact name for emergencies when you are away: Phone #: _____ Address: _____ Signature

Please fill out this form, Fenwick Island is updating information. If any questions or concerns, please contact: Caroline Jowder 302-539-2000 X212 cjowder@fenwickisland-de.go