



**NIAGARA COUNTY
HUMAN RESOURCES
DEPARTMENT**

**STATE OF NEW YORK
County of Niagara**

EMERGENCY CONTACT INFORMATION FORM

Date: _____

Employee Name (Print): _____

Primary Contact: _____ Relationship: _____

Primary Phone Number: _____ Type: _____

Secondary Phone Number: _____ Type: _____

Secondary Contact: _____ Relationship: _____

Primary Phone Number: _____ Type: _____

Secondary Phone Number: _____ Type: _____

Additional Information: _____

REVISED 8/1/2019