



DuPage County Employee Emergency Contact Information Form

Complete the following form and return it to the Human Resources Department.

General Information			
Full Legal Name:			
Former Name:			
Address/Apt. #:	City:	State	Zip
Primary Phone Number:	Alternate Phone:		
Does this number accept voice messages? (Y or N) _____	Does this number accept voice messages? (Y or N) _____		
Does this number accept text messages? (Y or N) _____	Does this number accept text messages? (Y or N) _____		
Personal E-Mail Address:			
Emergency Contact #1			
Full Name:	Relationship:		
Primary Phone Number:	Alternate Phone:		
Emergency Contact #2			
Full Name:	Relationship:		
Primary Phone Number:	Alternate Phone:		
Emergency Contact #3			
Full Name:	Relationship:		
Primary Phone Number:	Alternate Phone:		
Disclaimer			
The County utilizes a mass notification system which alerts employees of ongoing emergency activities impacting County facilities. By completing this form, I grant permission for the County to use my primary phone number and e-mail address for the County's Mass Notification System. I understand that this information may only be used for this system and will not be given out or used for any other purpose.			
Signature:	Date:		