

# Emergency Contact Information

In case of emergency the Exeter-Merritt Water Cooperative would like notify you if needed, as soon as possible. Please fill out the following as to how you and/or your spouse would like to be notified.

Name \_\_\_\_\_

Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell # \_\_\_\_\_

Spouse Cell # \_\_\_\_\_

Email \_\_\_\_\_

Email Spouse \_\_\_\_\_

Text Msg. Yes \_\_\_\_\_ No \_\_\_\_\_

Text Msg. Spouse Yes \_\_\_\_\_ No \_\_\_\_\_

Email Bill \_\_\_\_\_ Mail Bill \_\_\_\_\_