



DURHAM REGIONAL POLICE SERVICE

Emergency Notification Form (Adult)

Date: _____
YYYY-MM-DD

Employee #: _____

Name: _____ Reg #: _____
surname first name middle name

Home phone #: _____ Cellphone #: _____

Person(s) to be notified:

Name: _____ Relationship: _____

Address: _____

Home phone #: _____ Cellphone #: _____

Business phone #: _____ Extension: _____

Alternative information:

(i.e., business address, cottage, special instruction to residence, municipal number, lot and concession, phone #):

Acknowledgement signature: _____

Name: _____ Relationship: _____

Address: _____

Home phone #: _____ Cellphone #: _____

Business phone #: _____ Extension: _____

Alternative information:

(i.e., business address, cottage, special instruction to residence, municipal number, lot and concession, phone #):

Acknowledgement signature: _____

Personal information on this form is collected pursuant to section 80 of the Community Safety and Policing Act, and will be in compassionate circumstances, to facilitate contact with the next of kin or a friend of an individual who is injured, ill or deceased. Questions about this collection should be directed to the Durham Regional Police Service, Director of the People, Development & Learning Unit, 605 Rossland Road East, PO Box 911, Whitby, Ontario L1N 0B8 tel. #: 905-579-1520