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TOWN OF BERKLEY
MASSACHUSETTS

OFFICE OF
TREASURER/COLLECTOR

EMPLOYEE EMERGENCY CONTACT FORM

NAME _____

DEPARTMENT _____

PERSONAL CONTACT INFORMATION:

HOME ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMERGENCY CONTACT INFORMATION:

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____

EMPLOYEE SIGNATURE _____ DATE _____

PAYROLL DEPARTMENT