

**CASABLANCA
HOMEOWNERS ASSOCIATION
EMERGENCY CONTACT INFORMATION FORM**

NAME(S) _____ LOT # _____

PROPERTY ADDRESS _____

AWAY ADDRESS _____

LOCAL PHONE _____ AWAY PHONE _____

E-MAIL ADDRESS _____

FULL TIME RESIDENT PART TIME RESIDENT RENTAL

OTHER RESIDENTS/RENTERS NAMES (please list names of all residents or renters)

1ST PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME _____ PHONE NUMBER _____

ADDRESS _____

2ND PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME _____ PHONE NUMBER _____

ADDRESS _____

Please return completed form to:

**Casablanca Homeowners Association
c/o Desert Management
P.O. Box 799
Rancho Mirage, CA 92270
Phone: 760-862-1202 | Fax: 760-862-1210**

DESERT MANAGEMENT
PO Box 799 | Rancho Mirage | Tel: (760) 862-1202 Fax: (760) 862-1210