## FORM 3-15 Emergency Call List

*[ company logo, name, and address ]*

| Property (name and address) | Telephone No. |
|---|---|
| | |

| Position/Company | Name | Address | Telephone No. |
|---|---|---|---|
| Owner(s) | | | |
| Property manager | | | |
| Maintenance supervisor | | | |
| Assistant manager | | | |
| Maintenance staff | | | |
| Local emergency number | | | |
| Police Department | | | |
| Fire Department | | | |
| Emergency medical | | | |
| Doctor(s) | | | |
| Electrician | | | |
| Plumber | | | |
| HVAC | | | |
| Roofer | | | |
| Locksmith | | | |
| Elevator service | | | |
| Insurance agent | | | |
| Utility companies | | | |
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Note: Attach property map and indicate locations of important items and the controls, include (1) main circuit breakers, (2) main water valve, (3) main gas line valve, (4) all major equipment at the property, and (5) master keys. For equipment located in apartment units, note usual location of item and the controls (e.g., circuit breakers for each unit is in laundry room closet, adjacent to front door).

| | By | Date |
|---|---|---|
| Prepared | _____ | _____ |
| Approved | _____ | _____ |