

Date submitted : _____

To: ALL CAMPUS/UCDHS UNITS

Re: **EMERGENCY CALL LIST**

To ensure proper notification, in the case of an emergency, it is imperative that we have the correct names and numbers to contact on file. Would you please return this form to us indicating at least three names, with both office and home telephone numbers of people whom you wish contacted in event of an emergency affecting your department or office. All home telephone numbers will remain confidential. For campus locations when listing an employee with us also indicate if the individual is a Safety Coordinator or alternate. It is important that this department be notified as changes in these numbers occur.

Department Name: _____

Location/Address: _____

	Name	Office #	Home #	Pager #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Safety Coordinator Information

	Name	Office #	Home #	Pager #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Thank you for your cooperation,

Annette M. Spicuzza
Chief of Police

Date Received: _____

for police use only