

**City of Paris
P.O. Box 9037
Paris, Texas 75461-9037
903-785-7511**

Employee Emergency Information

Name of Employee_____

Street Address_____

City_____ **State**_____ **Zip**_____

Phone Number_____

IN THE EVENT OF AN EMERGENCY, CONTACT:

Name_____

**Street
Address**_____

City_____ **State**_____ **Zip**_____

Phone(Home)_____ **(work)**_____ **ext**_____

Relationship to employee_____

Doctor_____ **Doctor's Phone**_____

Doctor's address_____