



**CITY OF WILLISTON
EMPLOYEE EMERGENCY NOTIFICATION FORM**

In the event of an emergency, I the undersigned employee, authorize the City of Williston to notify the following person (s):

Name:	
Phone Number:	
Address:	
Relationship to Employee:	
In the event you are unable to notify such person, the Company's authorized to notify:	
Name:	
Phone Number:	
Address:	
Relationship to Employee:	

I understand and agree that the City will have no obligation or liability to notify such persons.

Print Name

Employee Signature

Date