



Borough of Madison  
Hartley Dodge Memorial  
50 Kings Road  
Madison, NJ 07940

CONTACT INFORMATION

Employee Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Person to contact in case of emergency:

Contact Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ (Please circle: Home, Work, Cell)

Telephone #: \_\_\_\_\_ (Please circle: Home, Work, Cell)

Optional:

Contact Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ (Please circle: Home, Work, Cell)

Telephone #: \_\_\_\_\_ (Please circle: Home, Work, Cell)

Please indicate any allergy(s) or medical condition:

\_\_\_\_\_

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Does the Borough have permission to text you in case of an emergency such as a weather related emergency, Borough closure, etc.? \_\_\_\_\_ If yes, please indicate your cell phone carrier: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date