

Kings Point Resident Emergency Information Sheet

Name: _____

Unit Address: _____

Unit No: _____ (Your unit number can be found on your KP resident badge)

Phone No: _____ Cell Phone: _____

E-Mail: _____ Date Received: _____

Alternate Address and Phone Number (if any) _____

Emergency Contact (Please provide at least two (2) and include name, address, phone number and relationship to you.)

Location of two (2) local people with extra key (optional).

Please return this completed form to:

**The Continental Group
1904 Clubhouse Drive
Sun City Center, FL 33573
Phone (813) 642-8990
Fax (813) 642-8790**

Do not use this form to change your mailing address.