PAC INTEGRATIONS

EMERGENCY CALL LIST OF RESPONSIBLE PARTIES

| Account Number/System ID: | |
|---------------------------|--|
| Property Name: | |
| Street Address: | |
| City, State ZIP: | |

Responsible parties will be called in the order listed here. The same person can be in more than one spot with different phone numbers. All accounts must have at least one individual with one phone number on their call list. Individuals on this list, either collectively or individually, must be available 24 hours a day, 7 days a week for any emergency situation at the property listed above.

| Order | Contact Name | Phone Number | Password* |
|-------|--------------|--------------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

| Name of person completing this form: | |
|--------------------------------------|--|
| Date: | |
| Phone Number: | |
| Email Address: | |

*PASSWORDS SHOULD NOT BE SHARED WITH ANYONE ELSE. THIS DOCUMENT IS <u>HIGHLY CONFIDENTIAL</u>.

Secure Fax to 925-687-7662 Secure Upload at www.pacintegrations.com/contact

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