

**Briggs Family Enterprises Inc.**

*Fishhook Mobile Home Park*

P.O. Box 587, Georgetown, De. 19947

Office 302-856-4166 Fax 302-854-6514

[FishhookMHP@mediacombb.net](mailto:FishhookMHP@mediacombb.net)

[WWW.FishhookMHP.com](http://WWW.FishhookMHP.com)

Robert I. George Jr. Manager

Dora J. George

*President/Secretary*

Devin T. George

*Treasurer*

Travis A. George

*Vice President*

David A. George

*Minor-at-Large*

----- 911 -----

**EMERGENCY FORM**

NOTE: We are requesting that all residents update their emergency information in case park management is needed to contact next of kin or family members in the event of an emergency at your home. Lot number (#) must be on end of your home and must be readable from the street for the Post Office, Deliveries, Fire Trucks and Ambulance. Also, the street must be clear of vehicles for Fire Trucks and Ambulance. **NO PARKING ON THE SIDE OF THE ROADS.**

**This information is for park use and will not be distributed to anyone.**

DATE: \_\_\_\_\_

NAME 1<sup>st</sup> Person: \_\_\_\_\_  
Last First Middle

2<sup>nd</sup> Person: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Lot # Street City State Zip Code

CELL PHONE # 1<sup>st</sup>: ( ) 2<sup>nd</sup>: ( )

Email Address: 1<sup>st</sup> Person: \_\_\_\_\_

2<sup>nd</sup> Person: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**EMPLOYER INFORMATION:**

EMPLOYER 1<sup>ST</sup> PERSON: \_\_\_\_\_  
Employer Telephone Number

EMPLOYER 2<sup>ND</sup> PERSON: \_\_\_\_\_  
Employer Telephone Number

CHILDREN'S NAME	AGE:	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VEHICLE INFORMATION:**

VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YR: \_\_\_\_\_ TAG#: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YR: \_\_\_\_\_ TAG#: \_\_\_\_\_