

**ERIE HIGHLANDS METROPOLITAN DISTRICT NOS. 1 AND 2**  
**INFORMATION FORM**

Personal Contact Information	
Name	
Street Address	
City/State/Zip	
Phone Number	
E-mail Address	

Emergency Contact Information	
Emergency Contact Name	
Phone Number	
E-mail Address	

Access Card Identification	
Date Access Card Received	
Access Card Number	
Initials	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_