EMERGENCY CONTACT DESIGNATION

Name (Please Print)		Social Security Number	
In the event I cannot be contact System may contact the followi	•	Santa Barbara County Employ	vees' Retireme
Name:		Relationship:	
Street Address:		Telephone #:	
City	State	Zip:	
Email:			
	<u>-or-</u>		
Name:		Relationship:	
Street Address:		Telephone #:	
City	State	Zip:	
Email:			
Date	 Signature		