

BIG SIX TOWERS, INC.

A HOUSING COOPERATIVE SPONSORED BY
NEW YORK TYPOGRAPHICAL UNION NO.6

60-10 Queens Boulevard Woodside, NY 11377 (718) 898-7022

MEMORANDUM

To: All Cooperators

From: Big Six Towers Management

Date: April 10, 2023

Re: Emergency Contact Form and Storage Locker/Air Conditioner Verification

We are currently updating our emergency contact information for all Big Six Towers shareholders. You are receiving an Emergency Contact form that you must fill out and return to the management office as soon as possible. Failure to submit the form in a timely manner will result in having a second notice and form sent to you.

This applies to all shareholders regardless of previous forms recently completed. You can bring the form directly to the management office, the Public Safety office, or you may leave it in the drop box if our office is closed. If you have any questions or concerns, please contact the management office at (718)898-7022.

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Emergency Contact Information

PLEASE RETURN THIS FORM TO THE MANAGEMENT OFFICE AS SOON AS POSSIBLE

Shareholder's Information

First / Last Name: _____ Building /Apt#: _____

Home #: _____ Cell #: _____

Business #: _____ Other #: _____

Extra Set of Keys Left With

Name: _____ Relationship: _____

Address: _____

Home #: _____ Cell #: _____

Emergency Contact *(Please list additional contacts on the back of this form or on an additional sheet of paper).*

Name: _____ Relationship: _____

Address: _____

Home #: _____ Cell #: _____

In case of an emergency, do you use any special medical equipment? Please Specify.

Do you have mobility issues? In case of an emergency, would you be able to take the stairs?

Do you have pets? If so, what kind and how many? (Please remember NYC Law requires your pet to be licensed and/or immunized, please furnish office with those records.)

Do you have a Storage Locker? If so, what building and locker number?

Building: _____ Locker number: _____

Do you have any A/C's in your apartment? If so, how many? Please specify down below.

Livingroom: _____ Bedroom: _____ None: _____