

SENIOR CITIZEN CALL-IN PROGRAM

Date: _____

Name: _____

Age: _____

Address: _____

Date of Birth

Telephone: _____

Who to Notify In Case of Emergency

Name: _____

Address: _____

Telephone (Home): _____ (Work): _____

Relationship – Sons: _____ Daughters: _____ Other _____

Doctor

Name: _____

Address: _____

Telephone: _____

Medical Problems: _____

Special Instructions: _____

Keyholder(s):

1) Name: _____

Address: _____

Telephone #

2) Name: _____

Address: _____

Telephone #

ALL INFORMATION WILL BE MAINTAINED IN A CONFIDENTIAL FILE.

DAILY CALLS TO POLICE DEPARTMENT BETWEEN 6:00 A.M. AND 10:00 A.M.