



**Lower Township Police Department  
Senior Citizen Check Call Program**

Name: _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address: _____			
City / ST / ZIP Code: _____			
Home Phone: _____			
Date of Birth: _____		Social Security #: _____	

**Persons to Notify in Case of Emergency** In the event no one is available locally to supply a key in an emergency, a key may be supplied to the Police Department and kept on file.

PERSON 1		PERSON 2	
Name		Name	
Address		Address	
City / ST		City / ST	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone/Pager	Keyholder? <input type="checkbox"/> Y <input type="checkbox"/> N	Cell Phone/Pager	Keyholder? <input type="checkbox"/> Y <input type="checkbox"/> N
Relationship to Applicant		Relationship to Applicant	

Does the Police Department have a key? Yes No  
 Do you use Fare Free Transportation? Yes No If yes, give ID#: \_\_\_\_\_  
 Your Doctor's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Senior Centers you visit: \_\_\_\_\_  
 Other places frequented (when & where): \_\_\_\_\_  
 Church you attend (and when): \_\_\_\_\_  
 Do you drive? Yes No Do you own any vehicles? Yes No  
 Vehicle License Plate: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Do you own any DOGS? Yes No How many? \_\_\_\_\_ What kind? \_\_\_\_\_  
 Have dogs ever bit or tried to bite anyone or appeared dangerous in any way? Yes No (If yes, explain )

<p><b>Expected Requirements</b></p> <ol style="list-style-type: none"> <li>1. You <b>MUST</b> call in to the Police using phone number <b>886-2711</b>, no later than 12 noon every day. <b>NOTE:</b> If you are unable to call because of a disability, special arrangements will be made.</li> <li>2. You are requested to notify the Police prior to you going on vacation and/or trips, or scheduled hospital care.</li> <li>3. You must be aware that in the event you fail to call by 12 noon and the Communications Operator cannot make contact with you, a Police Officer will be sent to check on you. THE POLICE OFFICER MAY FORCE THEIR WAY INTO YOUR HOME TO CHECK ON YOUR WELL BEING. THE POLICE DEPARTMENT ASSUMES NO LIABILITY FOR DAMAGE DONE TO YOUR HOME WHEN THE OFFICER MUST FORCE THEIR WAY INTO YOUR HOME.</li> </ol>
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Signature \_\_\_\_\_

Date \_\_\_\_\_