

## PELHAM POLICE DEPARTMENT

14 VILLAGE GREEN PELHAM, NEW HAMPSHIRE 03076 Telephone (603) 635-2411 Fax (603) 635-6959

## PELHAM POLICE DEPARTMENT SENIOR CITIZEN "CHECK IN" PROGRAM

## PARTICIPANT INFORMATION SHEET

(Please fill in	the shaded ar	ea's with as mud	ch information as	possible)	
Name:					
Address:					
Phone:					
Are you curr	ently under a c	loctor's care?	Yes □ No □		
If yes, please	e list your doct	or's name:			
Doctor phon	e number:				
Name, addre reach you:	ess and phone	number of relati	ve or friend we v	would contact if we were u	nable to
Height:	Weight:	Eye Color:	Hair Color:	Pet's: Yes □ No □	
Photo Available: Yes □ No □ Date of Birth: Social Security:					
List any othe	er information t	hat may be help	ful to us:		
Signature of	participant:				
Entered into	IMC: Date:	By	٨	ithorized by:	