



# PELHAM POLICE DEPARTMENT

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

Anne T. Perriello  
Chief of Police

## PELHAM POLICE DEPARTMENT SENIOR CITIZEN CHECK-IN PROGRAM

### PARTICIPANT INFORMATION SHEET

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

ARE YOU CURRENTLY UNDER DOCTOR'S CARE: Y: \_\_\_\_ N: \_\_\_\_

IF YES, DOCTOR'S NAME: \_\_\_\_\_

DOCTOR'S PHONE: \_\_\_\_\_

**NAME, ADDRESS AND PHONE NUMBER** OF RELATIVE(S) OR FRIEND(S) WE CAN CONTACT IF WE ARE UNABLE TO REACH YOU:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

WHAT IS YOUR HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

DO YOU HAVE A PET IN THE HOME: \_\_\_\_\_ IF SO, WHAT IS THE PET'S NAME: \_\_\_\_\_ WHO CAN WE CALL TO

COME PICK UP YOUR PET IN CASE OF AN EMERGENCY? NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

LIST ANY OTHER INFORMATION THAT MAY BE HELPFUL TO US:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

