



Chief of Police  
Joseph A. Roark

# PELHAM POLICE DEPARTMENT

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

### PARTICIPANT INFORMATION SHEET

(Please fill in the shaded area's with as much information as possible)

Name:

Address:

Phone:

Are you currently under a doctor's care?      Yes  No

If yes, please list your doctor's name:

Doctor phone number:

Name, address and phone number of relative or friend we would contact if we were unable to reach you:

Height:      Weight:      Eye Color:      Hair Color:      Pet's: Yes  No

Photo Available: Yes  No  Date of Birth:      Social Security:

List any other information that may be helpful to us:

Signature of participant: \_\_\_\_\_

Entered into IMC: Date: \_\_\_\_\_ By: \_\_\_\_\_ Authorized by: \_\_\_\_\_