



# TOWN OF POUGHKEEPSIE POLICE DEPARTMENT

## Senior Citizen Emergency Watch Program

<b>Date</b>	Please complete and mail this form to: <b>Town of Poughkeepsie Police Department</b> <b>Attn: Community Policing Unit</b> <b>19 Tucker Drive, Poughkeepsie, NY 12603</b>	<b>Registration Number</b> <i>(Office Use Only)</i>
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### RESIDENT INFORMATION

<b>Name</b>			
<b>Street Address</b>			<b>Apartment/Lot Number</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Home Phone Number</b> ( ) -		<b>Cell Phone Number</b> ( ) -	
<b>Dangerous Pets</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Type and Location:</b>			
<b>Resident is able to walk</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>List physical impairments:</b>			
<b>Resident lives alone</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, list names of Co-Residents:</b> _____			
<b>Medical Condition:</b>			
_____			
<b>Doctor's Name</b>		<b>Doctor's Phone Number</b>	

### PRIMARY CONTACT PERSON

<b>Name</b>		<b>Relationship</b>	
<b>Street Address</b>			<b>Apartment/Lot Number</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Home Phone Number</b> ( ) -		<b>Cell Phone Number</b> ( ) -	
<b>Home Phone Number</b> ( ) -		<b>Work Phone Number</b> ( ) -	
<b>Key Holder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

### ALTERNATE CONTACT PERSON

<b>Name</b>		<b>Relationship</b>	
<b>Street Address</b>			<b>Apartment/Lot Number</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Home Phone Number</b> ( ) -		<b>Cell Phone Number</b> ( ) -	
<b>Home Phone Number</b> ( ) -		<b>Work Phone Number</b> ( ) -	
<b>Key Holder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

If you have any questions, please call the Town of Poughkeepsie Police Community Policing Unit at 845-486-7845