

# **OPERATION REASSURANCE DATA SHEET**

Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Automobile Description Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate# \_\_\_\_\_

Name, Address & Telephone of Person With a Spare Key to My Residence

Name, Relationship, Address & Telephone of Person To Notify in the Event of an Emergency

Name, Address & Telephone of Nearest Neighbor Who Is Usually Home During the Day

Name, Address & Telephone of Alternate Neighbor

Are you considered homebound or do you have any serious medical conditions? If so, explain,

List medications, prescriptions \_\_\_\_\_

Doctor's Name, Address & Telephone \_\_\_\_\_

I understand that it is my responsibility to call the Florence Township Police Department's Operation Reassurance Program each morning between the hours of 8:00 a.m. and 9:00 a.m. My failure to do so will in effect serve to give the Florence Township Police Department, its members and/or designees, after they have exhausted all other reasonable means of communication, authorization to enter my premise as listed above (forcibly if necessary), so that they may determine my well being, during my participation in the Operation Reassurance Program.

Signature & Date \_\_\_\_\_

Witness Signature & Date \_\_\_\_\_