



# UPPER SADDLE RIVER POLICE DEPARTMENT

## SENIOR CITIZEN AND SPECIAL NEEDS EMERGENCY WATCH PROGRAM



Name:			
Address:		City:	State: Zip:
Home Phone:	Cell Phone:	E-Mail:	
Pets on premises: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Pet & Location:		
Resident is able to walk: <input type="checkbox"/> Yes <input type="checkbox"/> No	List Physical Impairments:		
Resident lives alone: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, List Co-Residents:		



Special Needs (i.e. oxygen dependent):		
Medications:		
Allergies:		
Doctors Name:	Phone:	Preferred Hospital:



Name:		Relation:	
Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Work Phone:	
Key Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Alarm Code: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	



Name:		Relation:	
Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Work Phone:	
Key Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Alarm Code: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	


