



ORLEANS POLICE DEPARTMENT

99 ELDREDGE PARK WAY
ORLEANS MASSACHUSETTS 02653-3307

SCOTT W. MACDONALD
CHIEF OF POLICE
TEL. 508-255-0117
FAX. 508-240-1374

Reassurance Program Sign Up Form

Personal Information

Full Name _____
Street Address _____
Mailing Address _____
Telephone _____

Home Information

Is your Home Alarmed? Yes _____ No _____ Company _____
Does your home have a hidden key? Yes _____ No _____ Location _____
Does your home have a lock box? Yes _____ No _____ Code _____
Does Anyone Else hold a spare key to your home? Yes _____ No _____
If yes Name _____ Telephone # _____
Vehicle: Make _____ Model _____ Color _____
Do you have any pets? Yes _____ No _____ List: _____
Veterinarian or Emergency care: _____

Emergency Contacts (please list in order of call preferences include (1) local person.

Emergency Contact: _____ Phone# _____
Emergency Contact: _____ Phone# _____
Emergency Contact: _____ Phone# _____

Medical Information

Physicians Name: _____ Phone# _____
Overall Health _____

Ailments or Disabilities	Medications

Other Information

Council on Aging Member? Yes ____ No ____

Days of the week? _____

Church Member? Yes ____ No ____ Church's Name _____

Please return form to Orleans Police Department with a copy of the key to your residence. Thank you

Consent: I _____, give consent to Orleans Police Department to search my residence for my wellbeing, in the event that Orleans Police Department are unable to contact me.

I voluntary give permission to Orleans Police Department to access my residence which includes but not limited to a house key, lock box or both.

Signature: _____ Date: _____

Witness: _____ Date: _____