CITY OF SOUTH PITTSBURG POLICE DEPARTMENT

205 Elm Ave, South Pittsburg, TN 37380
OFFICE 423-837-5003   FAX 423-837-0268

ELDER WATCH REQUEST FORM

INSTRUCTIONS: Please fill out the blank sections and RETURN this form to the South Pittsburg Police Department in order to participate in the program. *(This will provide POLICE and VIP personnel with needed information if any issues should arise while you are participating.)*

DISCLAIMER: *I request that members of the South Pittsburg Police Department come to my residence to check on me, as time and manpower allows. I understand that, in the event of an Emergency and if I am unable to open the door, forced entry may be required. Forced entry will be used only as a last resort to ensure my well-being. I understand that this is not a contract with the City of South Pittsburg, and that this service is provided as a courtesy of the Police Department. Therefore, I will not hold the City of South Pittsburg nor any of it's employees liable for damages to any property, in the event of a forced entry. I will notify the Police Departmentl at 423-837-5003, if I will be away from my residence for an extended period of time. I understand that I may cancel this service at any time.*

SIGNATURE OF REQUESTOR: *(Form not valid, unless signed)*

ELDER WATCH REQUEST INFORMATION

NAME OF RESIDENT: _____ PHONE #: (   )   -

RESIDENCE ADDRESS:

EMERGENCY CONTACT NAME

_____ *South Pittsburg, TN 37380*

HAVE KEY?:_____ YES_____ NO
(   )   -

ENTRY CODE?:_____YES_____NO   ENTRY CODE #:_____

LIGHTS ON TIMER?:   YES   NO   (HOURS?:_____ROOMS?:_____)

PETS?:   YES   NO   TYPE?_____(INSIDE_____OUTSIDE_____)

HIDDEN KEY?:   YES   NO   LOCATION: _____

VEHICLE INFORMATION   *(For vehicles parked on the property or on the street)*

#1 YEAR:	MAKE:	TAG#:	STATE:
MODEL:	COLOR:	LOCATED:	

#2 YEAR:	MAKE:	TAG#:	STATE:
MODEL:	COLOR:	LOCATED:	

ADDITIONAL INFORMATION   *(Please list any important medical conditions below)*

Is there a friend, neighbor or anyone else who would have a key the residence?   YES   NO

IF YES, WHO?:_____PHONE:_____

IF YES, WHO?:_____PHONE:_____

IF YES, WHO?:_____PHONE:_____

Any additional concerns or information the officer's should know about?   YES   NO   *(PLEASE EXPLAIN BELOW)*

_____

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