

Village of Wappingers Falls Police Department

Senior Citizen Emergency Watch Program

Please Complete and mail this form to:
 Village of Wappingers Falls Police Department
 Attn: Police Commissioner
 2628 South Ave., Wappingers Falls, NY 12590

Date:

Resident Information

Name: _____

Street Address: _____

City _____ **State** _____ **Zip code** _____

Home Phone Number () _____ **Cell Phone Number ()** _____

Pets **Yes** **No** **Type and Location:** _____

Resident is able to walk **Yes** **No** **List physical impairments:** _____

Resident lives alone **Yes** **No** **If no, list names of Co-Residents:** _____

Medical Conditions: _____

Doctor's Name _____ **Doctor's Phone Number** _____

Primary Contact Person

Name _____ **Relationship** _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone () _____ **Cell Phone ()** _____ **Work Phone ()** _____

Key Holder **Yes** **No**

Alternate Contact Person

Name _____ **Relationship** _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone () _____ **Cell Phone ()** _____ **Work Phone ()** _____

Key Holder **Yes** **No**

**If you have any question, please call the Village of Wappingers Falls Police Commissioner at
 845-297-1011**