VALPARAISO POLICE DEPARTMENT
CITIZEN CARE PROGRAM

In the event of extreme weather conditions; such as a heat wave (three or more consecutive days of 100 degrees weather) or a cold snap (two or more consecutive days below 5 degrees), do you want Valparaiso Police Department to call your residence to check on you? If yes please fill out the following questions.

NAME_____

ADDRESS_____

HOME TELEPHONE NUMBER_____

CELLULAR TELEPHONE NUMBER_____

EMAIL ADDRESS_____

EMERGENCY CONTACT #1_____

Relationship_____

Day and Night Phone Numbers_____

Email Address_____

EMERGENCY CONTACT #2_____

Relationship_____

Day and Night Phone Numbers_____

Email Address_____

LIST ANY MEDICAL CONDITIONS: (NOTE: IF MORE THAN ONE INDIVIDUAL HAS A CONDITION LIST NAME THEN CONDITION)_____

_____

_____

SIGNED: _____ **DATE:**_____