BRIDGEPORT POLICE DEPARTMENT
COMMUNICATIONS DIVISION

Are You Okay Program Application

SUBSCRIBER INFORMATION

Last Name: _____ First Name: _____

Street Address: _____

Apartment Number: _____ Building Name: _____

City: _____ State: _____ Zip Code _____

Home Number: _____

(This is the phone number that our Communications Officer will use to call and check on you.)

EMERGENCY INFORMATION

In case of emergency, notify:

1. Name: _____

Phone Number (1): _____ Phone Number (2): _____

Address: _____ City: _____ State: _____ Zip Code: _____

2. Name: _____

Phone Number (1): _____ Phone Number (2): _____

Address: _____ City: _____ State: _____ Zip Code: _____

GENERAL INFORMATION

Is there a key on premise? ☐ YES ☐ NO Location: _____

Name of key holder: _____

Address: _____ Phone Number: _____

(key holder) (key holder)

Do you own any pets? ☐ YES ☐ NO

If yes, Type and Location: _____

Do you live alone? ☐ YES ☐ NO

If no, Co-residents: _____

Are you able to walk? ☐ YES ☐ NO

List any physical impairments:

_____

_____

_____

Location of Medical History: _____

Any other information we need to know to better assist you?

_____

_____

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OPTIONAL INFORMATION

Doctor Information:

Name:_____ Phone Number:_____

Clergy Information:

Name:_____ Phone Number:_____

Name of Church:_____

Next of Kin:

Name:_____

Address:_____ City:_____ Zip Code:_____

Phone Number:_____ Phone Number:_____

WAIVER

I_____, acknowledge that the Bridgeport Police Department is providing the "ARE YOU OKAY" program as a public service and may, in its sole discretion, terminate this service at any time. I also acknowledge that technical problems or human error may result in failure of the service at any time. I hereby waive, release, the Bridgeport Police Department from any claim occurring from a failure, for any reason, to provide the service. I also agree to waive, release, any claim for direct incidental or consequential damages arising from any action of the Bridgeport Police Department or its employees for any damage to the physical premises by necessary forced entry to carry out the goals of the "ARE YOU OKAY" program.