



TOWN OF MAYNARD PUBLIC SAFETY DEPARTMENT



Emergency Database Program

Please complete and mail this form to:
Town of Maynard Police Department
Attn: Anne Camaro
197 Main St.
Maynard, MA 01754

| |
|------|
| Date |
|------|

| |
|---|
| Registration Number <i>(Office Use Only)</i> |
|---|

RESIDENT INFORMATION

| |
|------|
| Name |
|------|

| | |
|----------------|----------------------|
| Street Address | Apartment/Lot Number |
|----------------|----------------------|

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | |
|-------------------------|-------------------------|
| Home Phone Number () - | Cell Phone Number () - |
|-------------------------|-------------------------|

| |
|--|
| Dangerous Pets <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Location: |
|--|

| |
|--|
| Resident is able to walk <input type="checkbox"/> Yes <input type="checkbox"/> No List physical impairments: |
|--|

| |
|--|
| Resident lives alone <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list names of Co-Residents: _____ |
|--|

| |
|--------------------|
| Medical Condition: |
|--------------------|

| | |
|---------------|-----------------------|
| Doctor's Name | Doctor's Phone Number |
|---------------|-----------------------|

PRIMARY CONTACT PERSON

| | |
|------|--------------|
| Name | Relationship |
|------|--------------|

| | |
|----------------|----------------------|
| Street Address | Apartment/Lot Number |
|----------------|----------------------|

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | | |
|-------------------------|-------------------------|-------------------------|
| Home Phone Number () - | Cell Phone Number () - | Work Phone Number () - |
|-------------------------|-------------------------|-------------------------|

| |
|---|
| Key Holder <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

ALTERNATE CONTACT PERSON

| | |
|------|--------------|
| Name | Relationship |
|------|--------------|

| | |
|----------------|----------------------|
| Street Address | Apartment/Lot Number |
|----------------|----------------------|

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | | |
|-------------------------|-------------------------|-------------------------|
| Home Phone Number () - | Cell Phone Number () - | Work Phone Number () - |
|-------------------------|-------------------------|-------------------------|

| |
|---|
| Key Holder <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

** Please write any other pertinent information in the back of the sheet **
If you have any questions contact Anne Camaro at 978-897-1011 or by e-mail acamaro@maynardpolice.com