



TOWN OF MAYNARD PUBLIC SAFETY DEPARTMENT



Emergency Database Program

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

Registration Number
(Office Use Only)

RESIDENT INFORMATION

Name

Street Address

Apartment/Lot Number

City

State

Zip Code

Home Phone Number () -

Cell Phone Number () -

Dangerous 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 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 ☐ Yes ☐ 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 ☐ Yes ☐ No

Please contact Sarah Finnerty at 978-897-1003 or sfinnerty@townofmaynard.net with any questions.