

OPERATION HOMESAFE DATA SHEET

Date: _____

Name _____ Telephone _____

Automobile Description: Make _____ Year _____ Color _____ Plate # _____

Name, Address & Telephone of Person to Notify in the Event of an Emergency

Name, Address & Telephone of Nearest Neighbor who is usually home during the day

Name, Address & Telephone of Alternate Neighbor

Are you considered homebound or do you have any serious medical conditions? If so, explain,

List medications, prescriptions _____

Doctor's Name, Address & Telephone _____

I understand that it is my responsibility to call the Medford Township Police Department's Operation HomeSafe Program each morning between the hours of 8:00 a.m. and 9:00 a.m. My failure to do so will in effect serve to give the Medford Township Police Department, its members and/or designees, after they have exhausted all other reasonable means of communication, authorization to enter my premise as listed above (forcibly if necessary), so that they may determine my well being, during my participation in the Operation HomeSafe Program.

Signature & Date _____

Witness Signature & Date _____