APPLICATION FOR THE ACCOMACK COUNTY SHERIFF'S OFFICE SENIOR CITIZEN PROGRAM

ANY QUESTIONS REGARDING THIS APPLICATION FORM SHOULD BE DIRECTED TO THE ACCOMACK COUNTY SHERIFF'S OFFICE

NAME:_____ PHONE NUMBER:_____ KEY INFORMATION

MAILING ADDRESS:_____ KEY: yes___ no____

911 ADDRESS:_____ KEY NUMBER ____

NAME OF NEAREST RELATIVE:_____ KEY LOCATION___

ADDRESS:_____ PHONE NUMBER: _____ _____

EMERGENCY CONTACT PERSON:_____ IF ONE VEHICLE IS GONE IS THAT OK?

ADDRESS:_____ PHONE NUMBER:_____ yes_____ no _____

NAME AND PHONE NUMBER OF THREE OTHER PEOPLE WHOM YOU REGULARLY TALK TO OR HAVE CONTACT WITH

NAME:_____ PHONE:_____

NAME:_____ PHONE:_____

NAME:_____ PHONE:_____

PLEASE GIVE COMPLETE AND PRECISE DIRECTIONS TO YOUR HOUSE

_____

_____

_____

_____

_____

IF ON OCCASION THE SHERIFF'S OFFICE IS UNABLE TO LOCATE YOU OR OBTAIN YOUR WHEREABOUTS AND YOUR WELLBEING, DO YOU GIVE THE SHERIFF'S OFFICE DEPUTY ALONG WITH AT LEAST ONE OTHER WITNESS PERMISSION TO ENTER YOUR RESIDENCE TO SEE THAT EVERYTHING IS ALRIGHT? YES_____ NO_____

SIGNATURE: _____ DATE: _____

THE KEY WILL BE LEFT WITH _____WHO WILL BE AVAILABLE AT ALL TIMES OR WITH THIS OFFICE. WHICH DOOR WILL THE KEY BE USED FOR: FRONT_____ BACK _____ SIDE____ BASEMENT_____

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