

**Stanfield Police Department
Caring Neighbor's Program
Application/Information Form**

203 West Stanly St
PO Box 699
704-888-8257

Phone Number	Date	Time to Call	Service Number
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SUBSCRIBER INFORMATION

Please complete the following information

Name (last, first, m.i.)			Date of Birth
Address # Street	Apt. Building	Town	State Zip

IN CASE OF EMERGENCY NOTIFY

Name (last, first, m.i.)			Phone Number
Address # Street	Apt. Building	Town	State Zip

Name (last, first, m.i.)			Phone Number
Address # Street	Apt. Building	Town	State Zip

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Name (last, first, m.i.)			Phone Number
Address # Street	Apt. Building	Town	State Zip

Name (last, first, m.i.)			Phone Number
Address # Street	Apt. Building	Town	State Zip

KEYHOLDER INFORMATION

Is there a key on the premises? Location:

Name (last, first, m.i.)			Phone Number
Address # Street	Apt. Building	Town	State Zip

Name (last, first, m.i.)			Phone Number
Address # Street	Apt. Building	Town	State Zip

DOCTOR/CLERGY INFORMATION

Doctor name	Doctor number	Clergy name	Clergy number
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OTHER INFORMATION

Pets? Yes No	Type and Location:
Live alone? Yes No	Co-Residents:
Able to walk? Yes No	Physical Impairments:
Location of Medical History	

Please supply us with any other information you feel is pertinent on the back of this form. Thank You