

# BREWSTER POLICE DEPARTMENT

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## REASSURANCE PROGRAM

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NAMES & TELEPHONE NUMBERS OF CLOSE FRIENDS: \_\_\_\_\_

\_\_\_\_\_

NAMES & TELEPHONE NUMBERS OF CLOSEST RELATIVE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PEOPLE WITH KEYS TO YOUR RESIDENCE: \_\_\_\_\_

\_\_\_\_\_

DO YOU OWN A PET? WILL THE PET RESTRICT US FROM ENTERING YOUR RESIDENCE? \_\_\_\_\_

\_\_\_\_\_

IF YES, NAME & TYPE OF PET: \_\_\_\_\_

DO YOU OWN A VEHICLE? YES OR NO WHAT TYPE? \_\_\_\_\_

ARE YOU UNDER A DOCTOR'S CARE? \_\_\_\_\_

IF SO, NAME OF DOCTOR: \_\_\_\_\_

TYPE OF MEDICATION TAKEN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_