

BREWSTER POLICE DEPARTMENT

Chief Richard J. Koch, Jr.

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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: _____