



# HILL POLICE

This form is to be used for Emergency Contact purposes ONLY. The information shared with the Hill Police Department is **not** sold or distributed for monetary gains. This information will only be used when or if you are having an emergency situation where you are unable to effectively communicate with first responders.

Type or Print Information & Circle YES or NO

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

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

YOUR PRIMARY PHONE NUMBER: \_\_\_\_\_ Does this phone receive text messages? **YES/NO** YOUR SECONDARY PHONE NUMBER: \_\_\_\_\_ Does this phone receive text messages? **YES/NO**

EMERGENCY CONTACT'S NAME: \_\_\_\_\_

EMERGENCY CONTACT'S ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT'S PRIMARY PHONE NUMBER: \_\_\_\_\_ Does this phone receive text messages? **YES/NO** EMERGENCY CONTACT'S SECONDARY PHONE NUMBER: \_\_\_\_\_ Does this phone receive text messages? **YES/NO**

**OPTIONAL QUESTIONNAIRE** (Circle YES or NO)

ARE YOU ON OXYGEN? **YES/NO**

ARE YOU CONFINDED TO A WHEEL CHAIR OR BED? **YES/NO**

ARE YOU HARD OF HEARING? **YES/NO**

**PLEASE CIRCLE YOUR CURRENT AGE RANGE**

**UNDER 50 50-60 60-70 70-80 80-90 90-100 100+**

By signing below you are agreeing to allow the Hill Police Department to store your information at the Hill Police Department and the Dispatch Center used by the Hill Police Department. This information will only be shared with members of the Hill Police Department, other Sworn Law Enforcement Officers while in the course of their duties, and members of our dispatch center. If you have any questions or concerns, please feel free to call and speak with the Chief of Police at 603-934-6437. If you are unable to complete this form or are unable to sign, a legal guardian, power of attorney, or a responsible party on your behalf may fill out this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_