



Fairfield Police Department
ARE YOU O.K.? APPLICATION / INFORMATION FORM

100 Reef Road
Fairfield, CT 06824
(203)254-4800

PHONE NUMBER	DATE	TIME TO CALL	AM PM	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

KEYS ON PREMISES?	YES	NO	LOCATION
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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	

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	LIST 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.