



BREWSTER POLICE DEPARTMENT

Chief Heath J. Eldredge

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Brewster, Massachusetts 02631

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REASSURANCE PROGRAM

Name: _____

Date of Birth: _____

Street Address: _____

Telephone Number: _____

Name and Telephone Number of Close Friend(s):

Name and Telephone Number of Closest Relative(s):

Person(s) to Notify in Case of Emergency:

Person(s) with Keys to your Residence:

Do you own a pet? _____

If yes, name and type of pet: _____

Will the pet restrict us from entering your residence? _____

Do you own a vehicle? _____

If yes, type and registration of vehicle:

Are you under a doctor's care? _____

If yes, Name of Doctor: _____

What types of medication do you take? _____

Signature _____ Print Name _____ Date _____

"In Partnership With Our Community"