



CITY OF CROSSVILLE POLICE DEPARTMENT

99 MUNICIPAL AVE - CROSSVILLE, TN 38555

931-484-7231 FAX 931-707-8391

ELDER WATCH REQUEST FORM

INSTRUCTIONS: Please fill out the blank sections and RETURN this form to the Crossville Police Department in order to participate in the program. (This will provide POLICE and VIP personnel with needed information if any issues should arise while you are participating.)

DISCLAIMER: I request that members of the Crossville Police Department come to my residence to check on me, as time and manpower allows. I understand that, in the event of an Emergency and if I am unable to open the door, forced entry may be required. Forced entry will be used only as a last resort to ensure my well-being. I understand that this is not a contract with the City of Crossville, and that this service is provided as a courtesy of the Police Department. Therefore, I will not hold the City of Crossville nor any of it's employees liable for damages to any property, in the event of a forced entry. I will notify the Elder Watch coordinator at 931-484-7231 ext. 123, if I will be away from my residence for an extended period of time. I understand that I may cancel this service at any time.

SIGNATURE OF REQUESTOR: _____ (Form not valid, unless signed)

ELDER WATCH REQUEST INFORMATION

NAME OF RESIDENT: _____

PHONE #: () -

RESIDENCE ADDRESS: _____

Crossville, TN 38555

EMERGENCY CONTACT NAME

ALARM?: YES NO ALARM COMPANY: _____

HAVE KEY?: YES NO

ENTRY CODE?: YES NO ENTRY CODE #: _____

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LIGHTS ON TIMER?: YES NO (HOURS?: _____ ROOMS?: _____)

PETS?: YES NO TYPE? _____ (INSIDE _____ OUTSIDE _____)

HIDDEN KEY?: YES NO LOCATION: _____

VEHICLE INFORMATION (For vehicles parked on the property or on the street)

#1 YEAR: _____ MAKE: _____ TAG#: _____ STATE: _____

MODEL: _____ COLOR: _____ LOCATED: _____

#2 YEAR: _____ MAKE: _____ TAG#: _____ STATE: _____

MODEL: _____ COLOR: _____ LOCATED: _____

ADDITIONAL INFORMATION (Please list any important medical conditions below)

Is there a friend, neighbor or anyone else who would have a key the residence? YES NO

IF YES, WHO?: _____ PHONE: _____

IF YES, WHO?: _____ PHONE: _____

IF YES, WHO?: _____ PHONE: _____

Any additional concerns or information the officer's should know about? YES NO (PLEASE EXPLAIN BELOW)

