

**POINT PLEASANT POLICE DEPARTMENT
OPERATION REASSURANCE APPLICATION**

Name: _____

Address: _____

Phone # _____ Date of Birth _____

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY

Name: _____

Address: _____

Phone #: _____ Relationship: _____

MEDICAL INFORMATION

Doctor's Name: _____ Doctor's Phone # _____

Doctor's Address _____

Are you considered an invalid? Yes: _____ No: _____

If yes, please explain: _____

**DO YOU GIVE THE POINT PLEASANT POLICE DEPARTMENT
PERMISSION TO GAIN FORCED ENTRY: YES _____ NO: _____**

Name of person with extra key to your house: _____

Their Address: _____

Their Phone # _____

Are you capable of driving a motor vehicle: Yes: _____ No: _____

Make: _____ Model: _____ Year: _____ Color: _____