

MILTON TOWNSHIP CITIZEN WATCH PROGRAM

Milton Township Police Department
P.O. Box 308 15992 Milton Ave. Lake Milton, OH 44429
Phone: 330.538.0078 Fax: 330.538.2030

Application Form

Name: _____ Date of Application: _____

Address: _____

Home Phone: _____ Cell/Other Phone: _____

Date of Birth: _____ Age: _____ SSN: _____

Application Requested by: _____ Relationship: _____

Address: _____ Phone/Cell: _____

Preferred Program: Citizen Check-In Officer Call Citizen On Site Visit

Note-all contacts will be made as time is available. If there is no response when contact is attempted then the emergency contact person will be notified. Please advise on extended absences from home and return date.

Physician (Family/General):

Name: _____ Phone: _____

(Optional) General Health/Illnesses: _____

Special Needs: _____

(Optional) Allergic to Medications: _____

Emergency Contacts (Family/Neighbors/Friends)

Name: _____ Phone: _____ Key Holder: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____ Key Holder: _____

Address: _____ Relationship: _____

Additional Information (Outside Key/Lockbox/Etc): _____

Authorized Use of Information _____ Date _____

Police Use: Application Number: _____ End Date: _____