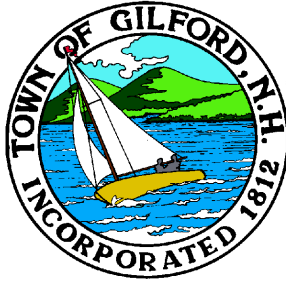


Gilford Police Department

Chief of Police
John E. Markland

47 Cherry Valley Road
Gilford NH 03249
603-527-4737
FAX 603-527-4749
gilfordpd@metrocast.net



Administrative Services Bureau
Deputy Chief Kevin G. Keenan

Field Services Bureau
Lieutenant Edison R. Cowing

Investigative Services Bureau
Det./Sgt. Kristian J. Kelley

Prosecutor's Office
Detective Eric T. Bredbury

Senior Citizen Call-In Program

Welcome to the Gilford Police Department's Senior Citizen Call-In Program serving the residents of Gilford. This program's aim is to provide a sense of security for both you the participant and your family and friends. We at the Gilford Police Department understand the difficulties faced by many seniors. This program is designed to keep us in touch with the community and to provide additional security for you.

The only thing that you have to do is complete the attached paperwork and you're in! Each day you must call the Gilford Police at:

527-4737

by:

9:00 a.m.

and speak with the dispatcher to let them know you're okay. The call will be logged in at the Police Department each day. If for some reason you don't call, an officer will be dispatched to your residence to check on you. If the officer cannot make contact with you, then a key holder will be contacted so that the police may enter and check on you. If there is no key holder, then the officer will be required to make every attempt possible to make contact with you. In the event you go away for an extended period of time, we ask that you contact us to let us know when you will return. If you choose to withdraw from the program, all you have to do is contact the above number and we will make the appropriate changes after confirming this in person.

Should you have any additional questions or concerns, please do not hesitate to contact the Gilford Police Department at the above number. If the person you speak with cannot answer your question, please ask for the program coordinator, Sergeant Dana Farley.

*** All Personal Information Will Be Kept In The Strictest Of Confidence ***

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Senior Citizen Call-In Program

Name _____ DOB _____

Address _____

Telephone _____

Emergency Contact _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Relationship _____

If you do not call in by 9:00 a.m., do you give the Gilford Police Department or the Gilford Fire Rescue personnel permission to enter your home by any reasonable means? Yes _____ No _____ Signature _____

As a participant in the Call-In Program, I agree to contact the Gilford Police Department by 9:00 a.m. each morning and also to advise when I will be out of town for extended periods of time. I understand that I may opt out of this program at anytime by contacting the Gilford Police Department requesting that I be removed from the program. I agree that in case of a medical emergency or my death, the Gilford Police will notify the person that I have designated.

Signature _____

**** Optional Information ****

Physician _____ Telephone _____

Medical Conditions _____

Medications _____

Allergies _____

In the event of death, whom should be contact? _____

Next of Kin (if different from above)? _____

Is there a key holder for your residence? _____

Vehicle information

Make _____ Model _____

Year _____ Registration _____

The above information may be shared with appropriate medical personnel in the event I have a medical emergency requiring transportation to the hospital by ambulance.

Yes _____ No _____ Signature _____

Date _____