**TODAY’S DATE: / /**

**RESIDENT INFORMATION**

First AND Last Name: DOB:  **/ /**

Street Address:

City:  State:  Zip:

Primary Phone #: Secondary Phone #:

**HOUSEHOLD INFORMATION**

Other Residents in Household:

Lockbox Location: Combo:

Pets Inside: [ ]  Yes [ ]  No If yes, what kind:

Weapons in the Home: [ ]  Yes [ ]  No If yes, what kind:

If you have an alarm, do you authorize RRPD to deactivate? [ ]  Yes [ ]  No If yes, alarm code:

**MEDICAL INFORMATION**

Primary Care Physician: Phone #:

Hospital of Choice:

Envelope of Life in Home: [ ]  Yes [ ]  No If yes, where:

Location of Medications in Home:

Medical Conditions (*information will be communicated to first responders if dispatched on your behalf*):

**EMERGENCY CONTACT INFORMATION**

**Contact #1 First & Last Name:** Relationship:

Phone #: Secondary Phone #:

Street Address: City: State: Zip:

**Contact #2 First & Last Name:** Relationship:

Phone #: Secondary Phone #:

Street Address: City: State: Zip:

**Mail OR Email Completed Form To:**

ROUND ROCK POLICE DEPARTMENT

2701 N. MAYS STREET

ROUND ROCK, TX 78665

pdvolunteer@roundrocktexas.gov

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**SIGNATURE OF APPLICANT**