



**ROUND ROCK POLICE DEPARTMENT
WIDE ANGLE DOOR VIEWER (PEEPHOLE) PROGRAM
Member Registration Form**



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: _____
 Pets Inside: Yes No If yes, what kind: _____
 Weapons in the Home: Yes No If yes, what kind: _____

OPTIONAL MEDICAL INFORMATION

Primary Care Physician: _____ Phone #: _____
 Hospital of Choice: _____
 Medical Conditions (*information will be communicated to first responders if dispatched on your behalf*):

OPTIONAL EMERGENCY CONTACT INFORMATION

Contact First & Last Name: _____ Relationship: _____
 Phone #: _____ Secondary Phone #: _____
 Street Address: _____ City: _____ State: _____ Zip: _____

OTHER PROGRAMS AVAILABLE TO SENIORS

TELEPHONE ASSURANCE PROGRAM – For Senior Citizens who would like to receive a daily telephone call, by a volunteer, to check on their welfare.

Are you interested in the TAP Program? Yes No

LOCK BOX PROGRAM – A combination lock box placed outside of the residence holds a house key, which may be used by Emergency Personnel ONLY during an emergency in which resident cannot open a door.

Are you interested in the Lock Box Program? Yes No

Mail OR Email Completed Form To:

ROUND ROCK POLICE DEPARTMENT
 2701 N. MAYS STREET
 ROUND ROCK, TX 78665
 pdvolunteer@roundrocktexas.gov

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

Application Received By: _____ on Date: ___ / ___ / ___
 Date of Installation: ___ / ___ / ___ Installed By: _____