**TODAY’S DATE: / /**

**RESIDENT INFORMATION**

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

Primary Phone #: Secondary Phone #:

**HOUSEHOLD INFORMATION**

Other Residents in Household:

Street Address:

City: State: Zip:

Lockbox Location: Combo:

Pets Inside:  Yes  No If yes, what kind:

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

**MEDICAL CONDITIONS**

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

**EMERGENCY NOTIFICATION INFORMATION**

**Hospital of Choice:**

**Emergency Contact #1 First/Last Name:** Relationship:

Phone #: Secondary Phone #:

Street Address: City: State: Zip:

**Emergency Contact #2 First/Last Name:** Relationship:

Phone #: Secondary Phone #:

Street Address: City: State: Zip:

**ADDITIONAL HOUSEHOLD & MEDICAL INFORMATION**

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

Primary Care Physician: Phone #:

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

Location of Medications in Home:

**Mail OR Email Completed Form To:**

ROUND ROCK POLICE DEPARTMENT

2701 N. MAYS STREET | ROUND ROCK, TX 78665

alewing@roundrocktexas.gov

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**SIGNATURE OF APPLICANT**