



# ROUND ROCK POLICE DEPARTMENT

## TELEPHONE ASSURANCE PROGRAM

### Member Registration Form

TODAY'S DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### MEMBER CONTACT INFORMATION

First AND Last Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

Contact First & Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### MEMBER MEDICAL INFORMATION

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pharmacy of Choice: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail OR Email Completed Form To:**

ROUND ROCK POLICE DEPARTMENT  
2701 N. MAYS STREET  
ROUND ROCK, TX 78665  
[alewing@roundrocktexas.gov](mailto:alewing@roundrocktexas.gov)

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

#### FOR OFFICE USE ONLY

Application Received By: \_\_\_\_\_ on Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date to INITIATE Calls: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Day(s) to Call:  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

Date to CANCEL Calls: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reason for Cancellation: \_\_\_\_\_