



**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  
 alewing@roundrocktexas.gov

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

**FOR OFFICE USE ONLY**

Application Received By: \_\_\_\_\_ on Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date of Installation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Installed By: \_\_\_\_\_