



# ATTICA POLICE DEPARTMENT



## SENIOR HOUSE CHECK

NAME OF RESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

MEDICAL INFORMNATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ON OXYGEN: YES OR NO

**OFFICER**

**DATE & TIME CHECKED**

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## **EMERGENCY CONTACT:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

