

# Village of Wappingers Falls Police Department

## Emergency Watch Program

Please Complete and mail this form to:  
Village of Wappingers Falls Police Department  
Attn: Police Commissioner  
2628 South Ave., Wappingers Falls, NY 12590

Date:

### Resident Information

Name:

Street Address:

City

State

Zip code

Home Phone Number (     )

Cell Phone Number (     )

Pets \_\_\_\_ Yes \_\_\_\_ No Type and Location:

Resident is able to walk \_\_\_\_ Yes \_\_\_\_ No List physical impairments:

Resident lives alone \_\_\_\_ Yes \_\_\_\_ No If no, list names of Co-Residents: \_\_\_\_\_

Medical Conditions:

Doctor's Name

Doctor's Phone Number

### Primary Contact Person

Name

Relationship

Street Address

City

State

Zip Code

Home Phone (     )

Cell Phone (     )

Work Phone (     )

Key Holder \_\_\_\_ Yes \_\_\_\_ No

### Alternate Contact Person

Name

Relationship

Street Address

City

State

Zip Code

Home Phone (     )

Cell Phone (     )

Work Phone (     )

Key Holder \_\_\_\_ Yes \_\_\_\_ No

If you have any question, please call the Village of Wappingers Falls Police Commissioner at  
845-297-1011