



**TOWN OF RIVER BEND**  
POLICE DEPARTMENT

**AID & INFORMATION FORM**

To All River Bend Residents:

The River Bend Police Department maintains a list of all citizens who wish to provide information that may be helpful in the event of an emergency. That list needs to be updated periodically. The information provided on this form is confidential, and the form will be placed directly into a confidential file to be used only by the Police Department and only in the event of an emergency.

You may return this completed form to the Police Department or you may call them, and they will pick it up at your convenience.

— PLEASE PRINT OR TYPE —

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Special Needs (medical, mobility, etc.) \_\_\_\_\_

\_\_\_\_\_

Need Oxygen: Yes  No

Refrigeration for Medication: Yes  No

Local Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Family Member Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Location of Spare Key: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Doctor's Medical Practice: \_\_\_\_\_