

TOWNSHIP OF WASHINGTON POLICE DEPARTMENT -- RESIDENT CENSUS FORM

Name: _____ Spouse's name: _____

Address: _____ Phone Number: _____

Ownership information (circle one): Resident: owns / rents this house.

If resident rents, please list the owner's name, address, and phone number:

All occupants:	Last name	First name	Date of birth AND age
1)			
2)			
3)			
4)			
5)			
6)			

Emergency phone numbers (include residents work numbers, relatives, friends and neighbors):

1) Name:	Home #:	Cell #:
2) Name:	Home #:	Cell #:
3) Name:	Home #:	Cell #:
4) Name:	Home #:	Cell #:

ALARM INFORMATION: (FILL OUT ONLY IF YOU HAVE AN ALARM)

ALL HOMES WITH AN ALARM MUST REGISTER **ANNUALLY** WITH THE POLICE DEPARTMENT

Registration number: _____ Registration expiration date: _____

Type of alarm (circle all that are applicable): Burglar / Fire / Medical Alert / Other:

How is the Police Dept. notified when the alarm is activated? (circle all that are applicable):

Dialer to Police HQ / Private agency notifies Police / Other:

Miscellaneous alarm information:

Medical information -Check here if no one in the house has any serious medical problems:

List the names and medical problems of any household member who has a medical condition

or is handicapped:

1) Name, medical condition: _____

2) Name, medical condition: _____

3) Name, medical condition: _____

Miscellaneous medical information:

Additional miscellaneous information:
