Forest View Police Department

S.A.F.E. Program

Contact Form and Registration Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Emergency Contact Information:

Name: _____ Name: _____

Contact Number: _____ Contact Number: _____

Relationship: _____ Relationship: _____

Do you have a spare key or lock box that is accessible to emergency personnel? If so, location or combination: _____

_____

Medical information (Prescribed medications, Allergies, Medical Conditions): _____

_____

_____

_____

The information provided is totally confidential and is to be used only by the Forest View Police Department and emergency services to aide in the care and safety of our community. Please contact the Forest View Police Department for further information or if you have any questions at: 708-788-0318.

Please return the completed form to the Forest View Police Department:

7000 W. 46th St, Forest View, IL 60402