

Operation Re-Assurance Application

Application Date		Program Entry Date	
Name		Telephone	
Address		Zip Code	Date of Birth
Automobile Description			
<i>Make</i>	<i>Year</i>	<i>Color</i>	<i>Plate #</i>
Name, Address & Telephone of Person with a Spare Key to my Residence			
Name, Address & Telephone of Person to Notify in the Event of Emergency			
Name, Address & Telephone of Neighbor Who is Usually Home During the Day			
Name, Address & Telephone of Another Neighbor Usually Home During the Day			
Are you considered an invalid or do you have any serious medical conditions? Please explain.			
List medications, prescriptions			
Doctor's Name, Address & Telephone			
<p><i>I understand that during the duration of my participation in the Operation Re-Assurance Program, it is my responsibility to call the Hamilton Police Division at 581-4033 every morning between the hours of 8:00 am and 9:00 am. I further understand that my failure to do so will in effect give the Hamilton Police Division, it's member and/or designees, after they have exhausted all other reasonable means of communication to determine my well being, authorization to enter my premise.</i></p> <p>Signature & Date</p> <p>_____</p> <p>Witness Signature & Date</p> <p>_____</p>			
** Please return this completed form to the Hamilton Police Division- Services Section			