



# TOWN OF MAYNARD PUBLIC SAFETY DEPARTMENT



## Emergency Database Program

Please complete and mail this form to:  
Town of Maynard Police Department  
Attn: Anne Camaro  
197 Main St.  
Maynard, MA 01754

Date
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Registration Number <i>(Office Use Only)</i>
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### RESIDENT INFORMATION

Name
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Street Address	Apartment/Lot Number
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City	State	Zip Code
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Home Phone Number ( ) -	Cell Phone Number ( ) -
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Dangerous Pets <input type="checkbox"/> Yes <input type="checkbox"/> No Type and Location:
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Resident is able to walk <input type="checkbox"/> Yes <input type="checkbox"/> No List physical impairments:
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Resident lives alone <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list names of Co-Residents: _____
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Medical Condition:
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Doctor's Name	Doctor's Phone Number
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### PRIMARY CONTACT PERSON

Name	Relationship
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Street Address	Apartment/Lot Number
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City	State	Zip Code
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Home Phone Number ( ) -	Cell Phone Number ( ) -	Work Phone Number ( ) -
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Key Holder <input type="checkbox"/> Yes <input type="checkbox"/> No
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### ALTERNATE CONTACT PERSON

Name	Relationship
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Street Address	Apartment/Lot Number
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City	State	Zip Code
------	-------	----------

Home Phone Number ( ) -	Cell Phone Number ( ) -	Work Phone Number ( ) -
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Key Holder <input type="checkbox"/> Yes <input type="checkbox"/> No
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\*\* Please write any other pertinent information in the back of the sheet \*\*  
If you have any questions contact Anne Camaro at 978-897-1011 or by e-mail [acamaro@maynardpolice.com](mailto:acamaro@maynardpolice.com)