

Dundee Police Senior Watch Program

350 W. Monroe St, Dundee MI 48131
Office: 734-529-3430 Fax: 734-529-2879
www.dundeevillagemi.gov

Application Form

Name: _____ Date of Application _____

Address: _____

Home Phone: _____ Cell/Other Phone: _____

Date of Birth: _____

Application Requested by: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell/Other Phone: _____

Preferred Program: "Check In" "Elderly Call" "Senior Watch"

NOTE: All contacts will be made as time is available. If there is no response when contact is attempted, then the emergency contact person will be notified. Please advise on extended absences from home and return date.

Physician (Family/General)

Name: _____ Phone: _____

General Health/Illnesses: _____

Special Needs: _____

Allergies (Medicine/Other): _____

Emergency Contacts (Family/Neighbors/Friends)

Name: _____ Phone: _____ Keyholder: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____ Keyholder: _____

Address: _____ Relationship: _____

Additional Information (Outside key/Lockbox/Other/Etc)

