Ann Arbor Police Department
Neighborhood Watch
EMERGENCY CONTACT INFORMATION *(Optional*)*

Please return to your Neighborhood Watch Captain.
All information is kept on file with your Neighborhood Watch Captain and is used for emergency purposes only.

Date: _____

Street Address: _____ **Home Phone: _____**

Full names of all adults: **Work Phone:**

_____ _____
_____ _____
_____ _____

Full names of all children: **Age:**

_____ _____
_____ _____
_____ _____
_____ _____

Pets' names and special instructions:

_____

Local person to contact in case of an emergency:
Name / Phone / Address:
_____

Does your emergency contact have a key to your home? ____ Yes ____ no

Your alarm code? ____Yes _____no

Relative to contact in an emergency:

Name / Address / Phone / Relationship:
_____

ADDITIONAL INFORMATION:

Medical needs, Doctor/ Hospital preferences: _____

Schools your children attend: _____

Vehicles (make /model/color): _____

Others with access to your home (housekeeper, pest control, etc.): _____

***Please note: while returning this form to your Neighborhood Watch Captain is optional, we strongly recommend it.**
The information stays with your Watch Captain and can be invaluable in the event of an emergency.