

Castle Shannon Police Department
Emergency Contact Form

Date: _____

Resident' Name: _____

Address: _____

City / State / Zip: _____

Telephone Number: _____

Medical Condition: _____

Resident Can Answer Door: Yes _____ No _____

Resident Lives Alone: Yes _____ No _____

CONTACT PERSON

Contact's Name: _____

Relationship: _____

Telephone Number: _____ Work Telephone: _____

Mobile Telephone: _____ Pager Number: _____

Key holder: Yes _____ No _____ Contact Only Yes _____ No _____

Second Name: _____

Relationship: _____

Telephone Number: _____ Work Telephone: _____

Mobile Telephone: _____ Pager Number: _____

Key holder: Yes _____ No _____ Contact Only Yes _____ No _____

If you need more contact names, please fill out another sheet to be added.

Fill this page out and send it to:

The Castle Shannon Police Department
3310 McRoberts Road, Castle Shannon, PA 15234

Thank you for the information to assist you.