



DUNN POLICE DEPARTMENT R-U-OK PROGRAM REGISTRATION



General Information:

Name: _____

Date of Birth: _____

Address: _____

City: _____

State and Zip Code: _____

Primary Phone Number: () ____ - ____

Secondary Phone Number: () ____ - ____

Work Phone: () ____ - ____

Email Address: _____

Medical Information:

Driving?: YES ____ NO ____

Vehicles: Make, Model, Color, License Plate Number

Hide a Key?: YES ____ NO ____

If yes, location of key: _____

Animals: YES ____ NO ____

If yes, Types of Animals: _____

Alarm: YES ____ NO ____

Primary Contact Information: *(Person to contact if R-U-OK participant cannot be reached)*

Name: _____

Date of Birth: _____

Address: _____

City: _____



DUNN POLICE DEPARTMENT R-U-OK PROGRAM REGISTRATION



State and Zip Code: _____

Primary Phone Number: (____) _____ - _____

Secondary Phone Number: (____) _____ - _____

Work Phone: (____) _____ - _____

Email Address: _____

Key Holder?: YES ____ NO ____

Secondary Contact Information:

Name: _____

Date of Birth: _____

Address: _____

City: _____

State and Zip Code: _____

Primary Phone Number: (____) _____ - _____

Secondary Phone Number: (____) _____ - _____

Work Phone: (____) _____ - _____

Email Address: _____

Key Holder?: YES ____ NO ____

Release of Liability:

By entering your name below, you promise and agree to release from liability and hold harmless the City of Dunn, the Chief of Police, and their representatives. This includes all employees, agents, volunteers and officials from any loss, damage or harm arising out of their acts, omissions or conduct of whatever nature as it pertains to participation by the Chief of Police, his representatives, employees, agents, volunteers and officials in the R-U-OK Program.

Date: _____

Print Name: _____

Signature of Person Responsible: _____