

VILLAGE OF LINCOLNSHIRE  
DEPARTMENT OF POLICE

"CALL A DAY" PROGRAM

Name \_\_\_\_\_ Date \_\_\_\_\_  
(please type or print)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In Case of Emergency, Contact the Person(s) Below:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ Key - yes no

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ Key - yes no

Physician \_\_\_\_\_ Address \_\_\_\_\_

Physician's Phone \_\_\_\_\_ Hospital \_\_\_\_\_

Known Medical Concerns or Allergies \_\_\_\_\_

What Time Between 9am and 5pm would you liked to be called? \_\_\_\_\_

I understand that the Lincolnshire Police Department and the Village of Lincolnshire are providing this service as a convenience and I hereby relieve them of any responsibility and liability in the rendering of this service. I am aware that the possibility exists that the Police Department or Fire Department may have to use force to gain access to my residence to check on my well-being.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Relationship \_\_\_\_\_

Date Received by Police Dept. \_\_\_\_\_ By \_\_\_\_\_