



Salado Police Department



RU OK? Program Subscriber Information

DATE: _____

Subscriber Information

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ CELL #: _____

In Case of Emergency, Contact Information

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ WORK #: _____ CELL #: _____

Next of Kin Information

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ WORK #: _____ CELL #: _____

Key Location/Occupant Information

Extra Key? Yes No Location: _____

Pets ? Yes No Description: _____

Live Alone? Yes No Occupants: _____

Life Alert? Yes No

Alarm? Yes No Company: _____

