



Graham, Georgia Police Department – Community Care Program

Name of Applicant: _____

Address of Applicant: _____

Telephone Number of Applicant: _____

Relationship to the individual who we will be checking on: _____

Name of the person who we will be checking on: _____

Address: _____

Telephone: _____

Date of Birth: _____ Sex: _____ Height: _____

Weight: _____ Race: _____ DL# _____

Reason for the check: _____

When would you like us to check on this person? _____

Will this be on-going or just temporary? _____

Who should the Officer contact if there is a problem? _____

Telephone: _____

Notes: _____

The undersigned authorizes the Graham Police Department to visit the property to check on the occupants. Should an emergency situation be found, the undersigned authorizes the police to enter the house for further inspection. The Police will endeavor to contact the person listed on this form and/or emergency services. The undersigned understands that this is a voluntary, free service and does not create a special duty upon the city, and will be provided depending on weather and available time. No guarantee is made nor assurance given against loss, theft, or damage to persons or property. The undersigned agrees to hold harmless the City, its employees and agents for any and all claims for personal injury, loss or damage that may be suffered through any action or lack thereof by a representative of the city.

Requestor Signature

Date
