



Cordova Police Department

Alzheimer's Checklist Participation Request Form

Nick Smith, Chief of Police



Photo
(To be completed by officer)

Subject's Name: _____

Address: _____

1st Emergency Contact (local): _____ Cell#: _____

Address: _____ Work#: _____

Relationship: _____ Have a key? Y N Home#: _____

2nd Emergency Contact (local): _____ Cell#: _____

Address: _____ Work#: _____

Relationship: _____ Have a key? Y N Home#: _____

Do any neighbors have a key? (Circle one) Y N Can they be contacted? (Circle one) Y N

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Return completed form via email: nick.smith@cityofcordova.org, via fax 483-7496, via mail or drop off at Cordova Police Department 65 3rd Avenue.