



# Cordova Police Department

## Good Morning Program Participation Request Form

Nick Smith, Chief of Police

Name: \_\_\_\_\_

Address (include mailing if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Live Alone? \_\_\_\_\_ (Circle One)  
Yes No

Contact information of someone living nearby:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions to be aware of: \_\_\_\_\_

---Office Use Only---

Date: \_\_\_\_\_ Participant Number: \_\_\_\_\_

Return completed form via email: [nick.smith@cityofcordova.org](mailto:nick.smith@cityofcordova.org), via fax 483-7496, via mail or drop off at Cordova Police Department 65 3<sup>rd</sup> Avenue.



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“Good Morning” program participant release of information.

I, \_\_\_\_\_, DO / DO NOT authorize the Cordova Police Department “Good Morning” program telephone coordinator or his/her authorized designee, to receive pertinent information about myself from my family or primary care physician as it may pertain to my well-being.

I, \_\_\_\_\_, DO / DO NOT authorize the “Good Morning” program coordinator to inform the Cordova Police Department of my participation in the program and authorize the police to use “forcible entry” if needed to access my house/apartment/mobile or modular home.

This will absolve the City of Cordova and the “Good Morning” program of any and all liability for receiving information pertaining to my general well-being and safety. It will also absolve the Cordova Police Department of any and all property damages that may occur if they are unable to make contact with me and must force entry into my residence.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

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