

**BELVEDERE POLICE DEPARTMENT**  
**"BELNET"**  
**Senior Citizen's Telephone Welfare Program**

**Name of Resident:**

**Date:**

**Address of Resident:**

**Phone Number of Resident:**

**Other Numbers:**

**Illness if Any:**

**Contact Neighbor or Relative:**

**Name:**

**Phone:**

**Name:**

**Phone:**

**Name:**

**Phone:**

**Special Problems:**

**Best Time to Call You Daily?:**

**Notes ie; any hide a keys, neighbors with keys**

**Other Information:**

**I authorize this information to be relased to the confidential disaster resouce binder**

**By: \_\_\_\_\_**

**Resident / or Authorized Agent**

**BELVEDERE POLICE DEPARTMENT 435-2611 (24 Hour Number)**