



Registration Form

Subscriber Information:

Name:

Address:

Phone Number:

I wish to have the Vidalia Police Department contact me on the following days to check on me:

- Daily Monday Tuesday Wednesday
 Thursday Friday Saturday Sunday

I request to be contacted at the following time on the day(s) indicated above:

AM PM

In the event that I do not answer the Are You Okay on the day(s) and at the time I indicated above, I authorize the Vidalia Police Department to send a law enforcement officer to check on my well-being. I further authorize that the following person(s) be contacted to check on my welfare or offer further assistance or aid:

Emergency Contact(s):

NAME	ADDRESS	PHONE #
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please return completed forms to:

Vidalia Police Department
302 First Street East
Vidalia, GA 30474