



BOW POLICE DEPARTMENT

7 Knox Road
10 Grandview Road (Mailing)
Bow, NH 03304
603-228-0511 (Dispatch)
603-223-3950 (Admin)

Margaret Lougee
Chief of Police

AGREEMENT

I understand, agree to the rules for participation in Operation Call In.

- A. You live alone, or if with another person, that person is unable to render your assistance in an emergency.
- B. You are not in regular contact with another person.
- C. You MUST reside in the Town of Bow.
- D. You MUST call the Bow Police Department at 223-3950 MONDAY through FRIDAY between the hours of 9:00am – 11:00am.
- E. You MUST notify the Bow Police Department if you will be away. For example: if you will be going away with relatives for a couple of days, or if you will be leaving your home very early for a day trip, you must let us know that will not be calling in on those days.
- F. Fill out Application and Agreement forms.

I understand that the purpose of the program is to provide me with a sense of security and independence and that the Bow Police Department will not provide taxi or errand service.

I understand that if I do not call, the Bow Police Department will:

- 1. Call my residence and, if they receive, no answer will;**
- 2. Dispatch a Police Officer to my residence to check on my well-being,**

I understand that if I do not answer the door for the officer, and if the officer reasonable believes that I may be inside and in need of assistance, the officer will: Use whatever force is necessary to gain entry into my residence.

I understand any participation in Operation Call In is a privilege and the Bow Police Department reserves the right to discontinue the service should I abuse the intent of the program.

I understand that the Bow Police Department accepts no responsibility for damages caused in entering my residence under the above stated conditions and agree to all of the terms and conditions set forth in this application.

Signature: _____
(Print Name) _____ Date: _____

Application Approved: _____ Date: _____
Margaret M. Lougee, Chief of Police

Operation Call-In Application

Please print all information

Name: _____

Address: _____

Telephone #: _____ Cell Phone #: _____

E-mail: _____ Age: _____ Date of Birth: _____

Color/Description of house: _____

1) Person to Notify in Emergency: _____
Relationship: _____

Address: _____ Telephone #: _____ Cell Phone #: _____

2) Person to Notify in Emergency: _____
Relationship: _____

Address: _____

Telephone #: _____ Cell Phone #: _____

Do you use a hide-a-key? Yes _____ No _____ Location: _____

Key given to Police Department: Yes _____ No _____

Does anyone have a key to your home: Yes _____ No _____

If yes, complete the following:

Name: _____

Address: _____ Telephone #: _____ Relationship: _____

Do you have disabilities? Yes _____ No _____

If yes, please explain: _____

Do you need special medication? Yes _____ No _____

Are you on Oxygen? Yes _____ No _____

Who is your doctor? _____

Telephone #: _____

Do you drive: Yes _____ No _____ Registration # of vehicle: _____

Description of your vehicle: _____

Where is vehicle usually located: _____