

HIGHLAND HEIGHTS POLICE DEPARTMENT

PERSONAL AND EMERGENCY CONTACT INFORMATION

This information is confidential and is covered by the provisions of the *Freedom of Information and Protection of Privacy Act*. **Please fill out this form in its entirety and mail it to the Highland Heights Police Department at the address provided.**

PERSONAL INFORMATION	
RESIDENT NAME (s)	
ADDRESS	
HOME PHONE	CELL PHONE

Person(s) you wish contacted in case of emergency.

EMERGENCY CONTACT(S)	
NAME	RELATIONSHIP
ADDRESS	
HOME PHONE	CELL PHONE

NAME	RELATIONSHIP
ADDRESS	
HOME PHONE	CELL PHONE

Additional Information. Please indicate any special details on how to enter the home in case of emergency (e.g., *hidden spare key, garage/alarm code*)

SIGNATURE

DATE