



Fort Walton Beach Police Department

Robert Bage, Chief of Police

Are you OK? Request Form

Phone:		Date:		Time to Call:	
SUBSCRIBER NAME AND ADDRESS				DOCTOR AND CLERGY	
Last Name		First Name/ M.I.		Doctor's Name	
Street Address		Apt. Bldg. / Apt. #		Doctor's Phone	
City		State / ZIP		Clergy Name / Phone	
IN CASE OF EMERGENCY, NOTIFY:					
Last Name		First Name/ M.I.		Last Name	
				First Name/ M.I.	
Street Address		Apt. Bldg. / Apt. #		Street Address	
				Apt. Bldg. / Apt. #	
City		State / ZIP		City	
				State / ZIP	
Phone Number			Phone Number		
NEXT OF KIN:					
Last Name		First Name/ M.I.		Last Name	
				First Name/ M.I.	
Street Address		Apt. Bldg. / Apt. #		Street Address	
				Apt. Bldg. / Apt. #	
City		State / ZIP		City	
				State / ZIP	
Phone Number			Phone Number		
Keys on Premises:		Yes No		Location:	
Keyholder #1:		Keyholder #2:			
Last Name		First Name/ M.I.		Last Name	
				First Name/ M.I.	
Street Address		Apt. Bldg. / Apt. #		Street Address	
				Apt. Bldg. / Apt. #	
Street Address		Apt. Bldg. / Apt. #		Street Address	
				Apt. Bldg. / Apt. #	
City		State / ZIP		City	
				State / ZIP	
Phone Number			Phone Number		
Pets ?		Yes No		Type/ Location:	
Live Alone?		Yes No		Co-Residents:	
Medical History					
Able to Walk:		Yes No		List Physical Impairments:	
Location of Medical History:					
Remarks:					

EMAIL COMPLETED FORM TO: HOUSECHECK@FWB.ORG