



# 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](mailto:HOUSECHECK@FWB.ORG)