



TOWN OF EAST TROY
and the
TOWN OF EAST TROY POLICE
DEPARTMENT
N9330 Stewart School Road • PO Box 872
East Troy WI 53120
Town Hall 262-642-5386
Police Dept. Non-Emergency 262-642-3700
Fax 262-642-9701



Resident Awareness Program

The Town of East Troy has implemented a Public Safety Program which allows a resident to provide pertinent information to the Town of East Troy Police Department should a 911 event occur for the resident. The information will be stored securely, with confidentiality a high priority, and shared with other emergency personnel on site should a 911 emergency occur for the resident. By providing the information below, you realize and authorize that the information used and/or disclosed pursuant to the submission of this document may be subject to re-disclosure and no longer protected by federal privacy law.

The information provided will expire two years after the submission date.

APPLICANTS WILL BE RESPONSIBLE for filing a renewal form if they wish to continue with the service as well as provide any updates as needed.

☐ **New**

☐ **Change of Information**

☐ **Renewal**

Resident Information:

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Address for which you apply for if different from above: _____

City: _____ State: _____ Zip: _____

Lock Box on Premises: ☐ yes ☐ no Combination/Code: _____

Security System: ☐ yes ☐ no Company Contact Info: _____

Pets: _____

Emergency Contacts:

Name: _____ Phone: _____ Date of Birth: _____

Name: _____ Phone: _____ Date of Birth: _____

Resident Awareness Program

Please advise nature of special needs for this individual: _____

Please advise what type of precautions Emergency Service personnel should be aware of:

I understand that the information given above is intended to offer guidance and provide assistance to responders in the event of an emergency. Presenting this information will not entitle or result in preferential treatment. This information will be kept confidentially for a period of two years. Notification of termination, whether public or private, will be made prior to the two-year end date. A renewal form will need to be submitted or the information will be removed from the database. It is the responsibility of the undersigned to notify the Town of East Troy Police Department, in writing, of any change of information as soon as those changes occur. By signing, I certify that I am the above named individual, family member or healthcare provider with rights to enter the above information on behalf of the individual. I have read and understand this form in its entirety and give permission the Town of East Troy to forward the information to the Record Management System.

Printed Name: _____ Relationship: _____

Signature: _____ Date: _____

I am voluntarily providing my health information above. By doing so, I am hereby waiving any privacy or HIPA claim, and all damages, I may have now or in the future against the Town of East Troy, its agents, or any third-party with whom my health information is shared.

Please return completed form to the Town of East Troy Town Administrative Office