



# Lincoln Police Department

PO Box 488, 148 Main Street, Lincoln NH, 03251 (603)745-2238 FAX (603)745-8694

## Good Morning Program Check Request Form

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Residence Location Reference: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Next of Kin: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ ( ) \_\_\_\_\_  
 Relationship: \_\_\_\_\_

In case of illness or death, please list your personal physician and funeral home preferences.

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Funeral Home:  Mayhew  Fournier  Other: \_\_\_\_\_  
 Does anyone have keys or access to your residence? \_\_\_\_\_  
 If yes, who? \_\_\_\_\_

If for some reason you do not call in by 10:00 a.m. and your neighbors have not seen you, do you give permission for a Lincoln or Woodstock Officer or the Lin-Wood Ambulance Service personnel to enter your home by any means reasonable?  Yes  No

As a participant in the Good Morning Program, I agree that I will notify the Lincoln Police Department Communication Center by 10:00 a.m. each morning and also advise them when I will be out of town for an extended period of time. I also agree that in the case of a medical emergency or my death, the police will notify the appropriate personnel.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

