



**AMADOR COUNTY SHERIFF'S OFFICE
EMERGENCY CONTACT FORM
FOR SENIORS**

NAME: _____

ADDRESS: _____

TELEPHONE: _____

I hereby authorize the Amador County Sheriff's Office to possess the following information for official use only. This information will only be used in the event of an emergency and will be retained by the Sheriff's Office in a secure internal office file.

Sign: _____ Date: _____

Please provide a brief description of where your residence key has been hidden.

- OR -

Please provide contact information of a neighbor or relative who possesses a key to your residence.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

Please mail, fax or drop off the form at the Amador Sheriff's Office.

SERVICE ● INTEGRITY ● TEAMWORK ● EXCELLENCE