## **Are You O.K.?**® Field Interview Form Time to Call: **Phone Number:** NOTE: Applicants must use their 911 address. If unknown, please let us know and we will obtain if for you. 508-869-2113 **Subscriber Name and Address: Doctor and Clergy:** Last Name First Name M.I. Doctor's Name Doctor's Phone Street Address Apt. Bldg. Name Apt. # Clergy's Name City Clergy's Phone State Zip Code In Case of Emergency, Notify: Last Name Last Name First Name M.I. First Name Street Address Street Address Zip Code State City State Zip Code Phone Number Phone Number Next of Kin: Last Name First Name First Name Last Name Street Address Street Address City State Zip Code State Zip Code Phone Number Phone Number **Key on Premises?** Location: Keyholder: Last Name First Name Last Name First Name M.I. Street Address Street Address Zip Code State City State Zip Code Phone Number Phone Number Pets? Type and Location: Live Alone? Co-Residents: **Medical History** Able To Walk? List Physical Impairments: **Location of Medical History:** Remarks



## **Boylston Police Department**

Office of the Chief of Police
John A. Annunziata
215 Main Street
Boylston, MA 01505

Phone: 508-869-2113 Fax: 508-869-2360



## **TERMINATION OF SERVICE**

I understand and acknowledge that the Boylston Police Department (BPD) is providing the "Are You Ok" service free of charge. I also understand that the BPD may remove me from the "Are You Ok" program at their sole discretion due to continuous false alarms.

I understand if I need to stop the service temporarily or if I elect to withdraw permanently from the "Are You Ok" program, I must notify the BPD at 508-869-2113.

## WAIVER OF LIABILITY

In consideration of my participation in the "Are You Ok" program, a free service provided to me by the Boylston Police Department, consists of a daily call to my home or cellular telephone number at a pre-designated time. I hereby authorize and permit law enforcement officers to gain access to my home by forced entry if reasonably necessary to confirm my health and safety. I understand that there is an inherent risk of property damage whenever forced entry is necessary, and I am assuming all such risks. In the event the Boylston Police Department reasonably believes it necessary to force entry, I hereby waive all claims, demands, or requests for repair or replacement costs of damage to my residence or other property including doors, windows, locks, furniture, and other fixtures and personal property of every kind, which damage results from such forced entry. I further consent and agree to indemnify, hold harmless, release, discharge, covenant not to sue, and defend the Town of Boylston, the Boylston Police Department, and the employees, elected and appointed officials, agents, and representatives of each from and against all claims, damages, losses, and expenses, including attorney's fees, by me, my heirs and assign arising from my participation in the "Are You Ok" program.

Printed Name	Signature	Date
TERMINATION OF "ARE	YOU OK?" SERVICE	
Date Are You Ok Service Terminated:		Completed by:
Reason for Termination of Se	rvice: Subscriber withdre	w from service voluntarily
Service terminated due to con	tinuous false alarms	Subscriber is deceased