

**“ARE YOU OKAY?”  
FLAGGED ADDRESS FORM**

The information below will be used to better serve our community and to help ensure the best possible care and protection. Please print your information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cellular Number: \_\_\_\_\_

Alternate Emergency Contact Number(s): \_\_\_\_\_

Special Instructions or Medical Needs:

I wish to be contacted by the Herculaneum Police Department as part of, “ARE YOU OKAY?”  
\*Contact will begin no earlier than 10 a.m.

I choose to be contacted by:  
**(Please circle your choice)**

Phone

Daily

In-Person

Weekly

(as police personnel are available)

Indicate which day

Occasionally

How often

I, \_\_\_\_\_, release the above information to the Herculaneum PD and Jefferson County 911 to be used for official use only and I give permission to the police department to contact me.

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

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