## Keep in Touch

| Last Name:   | First Name:           |
|--|-----------------------|
| DOB://   | Sex: Male / Female    |
| Home Phone:  | Cell Phone:           |
| Address:   | City:                 |
| Emergency Contact(s)   |                       |
| Last Name:   | First Name:           |
| Relationship:  | City of Residence:    |
| Phone:   | Alternate Phone:      |
| Has a key to my residence (or other means of access):<br>  | YES / NO (Circle One) |
| Last Name:   | First Name:           |
| Relationship:  | City of Residence:    |
| Phone:   | Alternate Phone:      |
| Has a key to my residence (or other means of access):  | YES / NO (Circle One) |
| I would like a representative from the Los Angeles County Sheriff's    Department to contact me on a regular basis to check on my well-being.    Best Day of the Week to Contact Me: |                       |
| <u>At this time, text messaging is not available – ALL contacts will be made via telephone calls</u>   |                       |
| If I do not answer or respond to the call from the Sheriff's Department within a reasonable amount of time, I would like my Emergency Contact Person(s) notified.                    |                       |
| If my Emergency Contact is not available, I would like someone from the Los Angeles County Sheriff's Department to respond to my residence and check on me in person.                |                       |
| Print Name:  |                       |
| Signature:   | Date:                 |
|  |                       |

This form will be maintained by the Los Angeles County Sheriff's Department – Palmdale Station. It will be used for contact purposes only. It will not be shared or available to the public.